



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

## Issued by the Chief Inspector

Name of designated centre:	Lawson House Nursing Home
Name of provider:	Lawson House Nursing Home Limited
Address of centre:	Knockrathkyle, Glenbrien, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	13 July 2021
Centre ID:	OSV-0000244
Fieldwork ID:	MON-0033430

## About the designated centre

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

Lawson House Nursing Home is a single storey, purpose built nursing home which was opened in 1996 and had most recently been extended in 2011. It can accommodate up to 65 residents and the accommodation consists of 57 single bedrooms with ensuite facilities of shower, toilet and wash hand basin, six single bedrooms with shared bathroom inclusive of shower, toilet and wash hand basin and two single bedrooms with a wash hand basin. The external grounds were adequately maintained and residents had free access to a safe secure garden. There are multiple communal rooms strategically situated throughout the centre for resident use. The provider is a limited company called Lawson House Nursing Home Ltd. The centre is located in rural setting close to the village of Glenbrien, near Enniscorthy, Co Wexford.

The centre provides care and support for both female and male adult residents aged 18 years and over. Care is provided for residents requiring varying levels of dependency from low dependency up to maximum dependency care needs. The centre provides care for long term residential, respite and, convalescence care, for people with cognitive impairment, such as, those living with a dementia. The centre does not accept admissions of residents under 18 years of age, residents with an active tracheostomy or residents with severe challenging behaviours. Pre-admission assessments are completed to assess a potential resident's needs. Following information supplied by the resident, family, and or the acute hospital, arrangements are made to ensure that all the necessary equipment, knowledge and competency are available to meet the individual needs, and admission date is then arranged. The centre currently employs approximately 73 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

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

Number of residents on the date of inspection:	39
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 13 July 2021	10:00hrs to 17:30hrs	Catherine Furey	Lead
Tuesday 13 July 2021	10:00hrs to 17:30hrs	Marguerite Kelly	Support
Tuesday 13 July 2021	10:00hrs to 17:30hrs	Siobhan Bourke	Support

## What residents told us and what inspectors observed

Inspectors arrived unannounced to the centre for this one day inspection. The centre had been declared free of COVID-19 four months previously, following a large outbreak which had had a significant impact on the residents, their family members and the staff. In the aftermath of the outbreak, the centre had ensured that it maintained its ethos of a person-centred approach to the care of the residents, ensuring their well-being and comfort and enabling them to enjoy life to their fullest potential. From the observations of inspectors, residents were receiving a high standard of care, tailored to meet their individual wishes and choices. Residents told inspectors that they were very happy living in Lawson House Nursing Home.

The person in charge ensured that a risk assessment was completed prior to inspectors accessing the centre, which included hand hygiene and screening for potential symptoms. Inspectors were then guided on a full tour of the centre. During this tour, it became apparent that residents were very at ease with the person in charge, stopping to talk to her in the corridors. It was evident that staff knew her personally and that she was engaged with their care and support. Inspectors spoke in detail with nine residents to gain an insight into their experiences living in the centre during and following the COVID-19 outbreak. A number of the residents that inspectors spoke to had recovered from COVID-19 and described the negative experiences of the outbreak, in particular the loneliness of being isolated from their fellow residents, their families and friends. Despite the tragic circumstances, residents praised the management and staff, describing them as "a great team who do the best for us" and "an excellent bunch of people". Residents described their relief that the outbreak was over and their joy at being able to visit with family and friends once again. One resident described the centre as better than a hotel, stating that since he came to live there he has "never looked back". The inspectors observed frequent interactions between residents and staff throughout the day, all of which were meaningful and person-centred. It was evident that staff had a good knowledge of each resident's preferences and individual needs. Residents knew staff well and used their first name when they were conversing with staff members. There was an unhurried atmosphere in the centre, and residents appeared relaxed and content. Visitors were seen arriving to the centre throughout the day and some took their relatives out for short trips. Inspectors spoke with some of these visitors, who were overwhelmingly positive about the care that their loved ones received. Visitors confirmed that the management had updated them regularly during the outbreak and that they had been facilitated to keep in touch with their relatives via video calling and phone calls.

The centre is laid out over one floor and is designed to accommodate 65 residents in single rooms. On the day of inspection there were 39 residents living in the centre. The provider stated that they hoped to gradually increase the capacity of the centre again. Inspectors noted that there were a number of young residents living in the centre. Assurances were provided that these residents had additional supports in

place and were facilitated to engage in age appropriate activities and to attend services appropriate to their needs.

During the COVID-19 outbreak, the residents had been cohorted to specific areas as outlined in the centre's contingency plan for isolation precautions. Currently, one wing of the centre remained closed, and all other residents were accommodated within the other three wings. Residents' bedrooms were tastefully furnished and decorated, and residents were encouraged to personalise their own space to their liking. One resident had requested that their room be repainted in a colour of their choosing and staff facilitated this. Bedrooms were bright and had large windows with attractive views of the beautiful grounds outside. The four wings were connected via a circling corridor, and residents had unrestricted access to the communal areas of the centre. Couches and chairs were provided along the wide corridor for residents to sit and rest. Residents were seen chatting together in these areas. There were multiple access points out into the central courtyard which had accessible walkways throughout. On the day of inspection residents were seen outside enjoying the weather. There was a pergola with tables and chairs for residents to enjoy. The courtyard contained beautiful mature planting and seasonal flowers and was alive with birds and butterflies. The residents described the courtyard as "magnificent" and it was evident that this area was seen as an extension of the indoor areas, and was well used by residents. The centre was seen to be visibly clean throughout. The newer part of the building was well maintained. Some areas of the older building did require further maintenance to ensure that worn and chipped wood finishes and furniture were replaced or repaired.

Two staff members were assigned to the role of activity coordinators, who delivered a schedule of varied activities over seven days. Group activities had been suspended during the outbreak but had recommenced in full once the public health department had advised that it was safe to do so. This meant that the residents social needs were disrupted for the shortest amount of time possible. Activity staff were very knowledgeable about residents specific social needs and residents told inspectors that they were very happy with the activities provided. Inspectors observed various activities including arts and crafts, ball games and one-to-one activities and chats. One resident was disappointed that a scheduled trip out to a farm had to be cancelled due to bad weather but this had been rescheduled to ensure the residents did not miss this day out. Cool drinks, sun hats and sun screen were provided..

Overall, residents described feeling content and happy living in the centre. Inspectors observed a warm and friendly environment. Staff were supported in their roles and stated that they enjoyed their work. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered

## Capacity and capability

It was evident to inspectors that the registered provider, management and staff provided a good quality of life to residents living in the centre. The provider ensured that the centre was adequately resourced and the centre had a history of generally good compliance with the regulations. However, inspectors found that the management systems in place required improvement to monitor the safety of care provided to residents. In particular, the systems in place with regard to infection prevention and control required review.

This was a risk inspection to monitor ongoing compliance with regulations and standards following a significant outbreak of COVID-19 in the centre in January 2021. Inspectors acknowledge that residents and staff had been through a very challenging time during the outbreak, which affected 45 residents and 41 staff in total. Sadly during the outbreak 15 residents who contracted COVID-19 passed away. During the outbreak, the centre had engaged with the local public health team for support and advice. The HSE had organised for a nurse with expertise in infection prevention and control to do two on-site inspections during the outbreak. Consultant geriatricians in Wexford General Hospital and the local GPs provided clinical advice and support remotely to the staff and residents. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives during the outbreak. A dedicated telephone line was used by management and staff to provide updates regarding residents to their relatives. Inspectors were informed that agency staff and the centre's own staff who had recovered from COVID-19 were used to maintain staffing levels during the outbreak. The outbreak was declared over by the local public health team on 3 March 2021.

The centre was owned and operated by Lawson House Nursing Home Limited who is the registered provider. The company comprises two directors who are actively engaged in the running of the centre, one director holds the role of the person in charge and the other director is engaged in the operational management of the centre. The person in charge is an experienced nurse who works full-time in the centre and she is supported by two assistant directors of nursing (ADON), a team of nursing staff, care staff, administration staff, housekeeping and maintenance staff. The ADON's are responsible for the running of the centre in the absence of the person in charge. There was evidence of detailed monthly management meetings at the centre, where pertinent clinical and operational issues were discussed. A schedule of audits was in place to monitor various aspects of the service. The person in charge met with staff from all departments regularly to review practice and to share findings from audit reports. Nonetheless, improvements in the monitoring and oversight of infection prevention and control procedures were required as discussed under Regulation 23. In addition, inspectors were not assured that the management team had identified lessons learned from the centre's COVID-19 outbreak. A comprehensive review of the outbreak had not been conducted and the centre's contingency plan required updating to ensure the centre was in a strong position in the event that another outbreak should occur. This is addressed further under Regulation 27.

There were clear lines of authority and accountability, with each member of the

team having their assigned roles and responsibilities. The care staff were divided into two teams who were led and supported by two senior carers. There was good communication between team members. Staff were seen to be competent and knowledgeable about residents' individual care and their individual needs. There were sufficient staff available to meet the assessed needs of residents. The provider had maintained the usual night time staffing levels, including a minimum of two nurses on duty, despite the centre not being at full capacity. Newly appointed staff had access to an induction programme and were supernumerary during this period. Training records indicated that all staff were up-to-date with fire safety training, safeguarding and manual handling, hand hygiene and donning and doffing PPE. However not all staff had received up-to-date training in managing responsive behaviour as required by legislation.

There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with inspectors were aware of how to make a complaint. The centre had received no complaints in the months prior to the inspection. Inspectors reviewed records that demonstrated that resident were consulted with throughout and to ensure that residents had a mechanism to feed back on areas of the service. There was an annual review of the quality of care in the centre completed for 2020 which included consultation with the residents and incorporated their feedback.

The arrangements for the review of accidents and incidents within the centre was robust and from a review of the incident log maintained at the centre, the majority of incidents were notified to the Chief Inspector in line with legislation. Inspectors found that one incident was not notified in line with legislation. This is addressed under Regulation 31. Trend analysis on key incidents such as falls were conducted at the centre to identify areas for improvement.

Where areas for improvement were identified in the course of the inspection, the person in charge and management team took immediate action to address these issues where possible.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of the residents. Two registered nurses were on duty at all times. On the day of inspection a third registered nurse was on duty in a supernumerary role under the supervision of a registered nurse to support her induction as a newly appointed nurse.

Judgment: Compliant

### Regulation 16: Training and staff development



A review of the centre's training matrix identified that not all staff had received up to date training in the management of responsive behaviour as required by legislation.

Judgment: Substantially compliant

### Regulation 21: Records

Requested records were made available to inspector for review. A sample of four staff files were reviewed and all were seen to contain the required documents as outlined in Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The systems in place did not always ensure that the service provided was safe, appropriate, consistent and effectively monitored. Oversight of the following areas required strengthening, as evidenced under each regulation; Infection prevention and control procedures, fire precautions, notification of incidents, medication management.

A more robust system of auditing was required to be implemented, to ensure that all areas of practice were sufficiently monitored. For example, supervision and auditing of housekeeping practices and procedures, hand hygiene practices, and environmental cleanliness were required.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Improvements were required to ensure that the occurrence of any events as outlined in Schedule 4 of the regulations are notified to the Chief Inspector within three days of such occurrence. Inspectors reviewed the incident log and found while one incident had been appropriately managed, investigated and documented, it had not been notified in line with the regulations. This was submitted retrospectively following the inspection.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The complaints process was seen to be displayed in the entrance hall and in various other areas of the centre. The appeals process was outlined in this document as well as the contact details of the ombudsman. The centre had no recent or open complaints at the time of inspection. Suggestions boxes were seen through out the centre so that visitors or residents could raise a concern or make a suggestions anonymously, if they wished.

Judgment: Compliant

## Quality and safety

Inspectors found that despite the ongoing pandemic restrictions on visiting and social distancing, residents were supported to have a good quality of life which was respectful of their wishes, and encouraged their independence. The individual rights of the residents were respected and a social model of care was promoted. Inspectors found that the healthcare needs of the residents had been well met during the outbreak, with evidence of structured care plans and ongoing referral and review by medical professionals. Improvements were required with regard to infection control procedures and fire precautions to ensure that risks were promptly identified and managed.

The provider had a well allocated designated isolation area established in the centre. There were no residents occupying this area on the day of inspection and inspectors had been informed had this area had been terminally deep cleaned and was ready for use. Records confirmed that the infrequently used water outlets in this area were being flushed appropriately, which is necessary to prevent contamination with Legionella. The provider ensured that there were sufficient cleaning resources to meet the needs of the centre and while centre was visibly clean on the the day of inspection, further oversight of the cleaning procedures in place was required, as detailed under Regulation 27.

The centre's management had maintained contact with their local Public Health team and with the HSE during the outbreak. While the centre had availed of support from a HSE infection prevention and control nurse specialist during the Covid 19 outbreak, ongoing access to specialist staff with expertise in infection prevention and control and antimicrobial stewardship would be beneficial to ensure that correct procedures are adhered to. There were sufficient supplies of Personal Protective Equipment (PPE), which were appropriately stored within the centre. Staff were observed wearing PPE such as surgical face masks appropriately. On arrival to work, staff were screened for symptoms of COVID-19 including temperature checking prior to entering the centre. Staff facilities were in place to allow for changing of uniforms

at the beginning and end of every shift.

Inspectors observed that all residents in the centre appeared to be very well cared for, and residents and relatives gave positive feedback regarding all aspects of life and care in the centre. The design and layout of the centre was suitable for the collective residents needs. A programme of regular maintenance was ongoing and the centre was suitably decorated and well-maintained. Records showed that residents healthcare needs had been met throughout the outbreak and thereafter. Residents who had recovered from COVID-19 had a plan in place to ensure full recovery and rehabilitation from the virus. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals such as physiotherapy and speech and language therapy, and to out patient services.

Inspectors observed that procedures in place regarding medication management were in line with current Nursing and Midwifery Board of Ireland (NMBI) Guidance for Registered Nurses and Midwives on Medication Administration (2020). Residents had access to pharmacy services via a local pharmacist. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Up-to-date service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. Individual Personal Emergency Evacuation Plans (PEEP's) were in place for all residents and these were updated regularly. PEEP's were held centrally at the nurses stations and were also accessible in residents rooms, identifying the different evacuation methods required for day and night evacuations to ensure safe evacuation in an emergency situation. Fire training was completed in 2021 and although some fire drills had been undertaken the person in charge confirmed they had not simulated a drill of a full compartment with minimal staffing levels. This is discussed under Regulation 28.

Residents confirmed to inspectors that they were offered choice regarding their meals and around their daily routine in the centre, for example medication administration was scheduled at a later time for those who wished to sleep later in the morning. Inspectors saw that there were written and pictorial menus on display near the dining room and that there were different options available for each course. Residents confirmed that they could receive an alternative if they did not like what was on offer.

Overall, residents' right to privacy and dignity were respected and inspectors observed frequent positive and respectful interactions between staff and residents. Resident meetings were held regularly throughout the pandemic, to keep residents informed regarding procedures for distancing, isolation and visiting restrictions. Measures taken in the centre to limit the outbreak were also discussed. Records of communication with residents' relatives were available to inspectors and indicated that families were kept informed and updated regularly throughout the duration of the outbreak and thereafter.

## Regulation 11: Visits

Visits were seen to take place in line with updated visiting guidelines. Many visitors were seen coming and going on the day with visits taking place in designated areas in the centre, in residents' rooms or out in the garden. Staff guided visitors through hand hygiene and symptom and temperature checks on arrival to the centre. Residents and visitors who spoke with inspectors confirmed that there was sufficient time and space for residents to receive visitors at the centre.

Judgment: Compliant

## Regulation 27: Infection control

Inspectors found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of healthcare associated infections. This presented a risk of cross infection in the centre. For example:

- Procedures and schedules for housekeeping and environmental cleaning required review to ensure there was sufficient detail to inform staff how to adequately perform their duties. There were gaps in the sign in sheets and the cleaning schedule did not describe the method, frequency, equipment and techniques needed to guide routine, enhanced or terminal cleaning.
- The procedure for floor cleaning and decontamination was not in line with best practice guidance. Colour coding cloths and mops were not in use, presenting a risk of contamination from one area to another.
- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre, inspectors observed staff using residents' sinks for hand washing which is not in line with best practice guidelines.
- The absence of a dedicated cleaner's room meant that housekeeping trolleys were stored inappropriately in the same area as residents' clean linen which posed a risk of cross-infection.
- While efforts were ongoing to address a number of maintenance issues, a number of the surfaces and finishes including wood finishes on doors, skirting boards, and lockers were worn and chipped and as such did not facilitate effective cleaning.
- The covers of some resident chairs, a pressure relieving cushion, mattresses and pillows were worn or torn. These items could not effectively be decontaminated, which presented an infection risk.
- The management of healthcare risk waste required review. For example healthcare risk waste bins were accessible in bedrooms in which they were not required. Used healthcare risk waste bags were stored in the correct yellow holding container, however, these containers should be segregated

and stored in a secure covered area, with access limited to staff and the general public whilst awaiting collection.

Following the COVID-19 outbreak, the provider had completed a timeline of the events that had occurred, however this needed further development to ensure in-depth analysis of the outbreak, to identify any infection prevention and control measures required to prepare for and contain further outbreaks. While there was a contingency plan in place for COVID-19, this plan was out of date and required updating as a matter of urgency. Furthermore, there were no regular environmental audits completed to monitor the cleanliness of the centre.

The provider was requested to submit an updated COVID-19 contingency plan and a COVID-19 outbreak review following the inspection. The revised COVID-19 contingency plan and outbreak review which the provider submitted provided assurances that the registered provider had sufficiently analysed the outbreak and identified areas for improvement. The provider outlined that they planned to engage the services of a specialist infection prevention and control practitioner to further access expertise in this area.

Judgment: Not compliant

### Regulation 28: Fire precautions

As identified on the last inspection, timed fire drills for the centre's largest compartment of eight residents had not been conducted regularly. The registered provider was requested to simulate a full compartmental evacuation with the lowest staffing levels and submit the record to the Chief Inspector following the inspection, and this was completed to a satisfactory level. Regular drills of this nature are required to ensure staff are familiar with the process.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The systems in place to ensure that medicines that are no longer required by a resident are segregated from other medicinal products and disposed of in accordance with national legislation or guidance required review. Inspectors found that medicines no longer required had not been returned to pharmacy, which could potentially lead to errors in administration. In addition, prescribed creams were found to be inappropriately stored in a fridge designated for clinical samples and specimens. Both of these items were actioned and rectified during the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Records showed that a pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Each resident's needs were comprehensively assessed within 48 hours of admission. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Validated assessment tools were used to assess a range of needs including risk of falling, malnutrition, pressure related skin damage and these were used to inform the individual care plans of each resident. There was documentary evidence of routine consultation with residents and their families with regard to their care plans

Judgment: Compliant

### Regulation 6: Health care

Residents had access to GP services, who attended the centre on a regular basis. Referrals arrangements were in place regarding input from specialist care services such as psychiatry of later life and speech and language therapy. A review of residents' records confirmed referral and follow up with these services. Residents' who had developed wounds were assessed by the tissue viability nurse and the recommended advice was seen to be followed.

Judgment: Compliant

### Regulation 8: Protection

Inspectors were assured that there were sufficient measures in place to safeguard residents from abuse. The management team provided evidence that all staff had Garda Vetting disclosures in place prior to commencing employment in the centre. The registered provider facilitated staff to attend training in safeguarding of vulnerable persons and all staff had completed this training. Staff who spoke with inspectors understood their responsibility to report any allegations or suspicions of abuse. Records reviewed by inspectors provided assurances that any allegations of abuse were reported, addressed and managed appropriately.

Judgment: Compliant

## Regulation 9: Residents' rights

A review of residents' meeting minutes and satisfaction surveys confirmed that residents were consulted with and participated in the organisation of the centre. Residents had access to individual copies of local newspapers, radios, telephones and television. Notice boards in the centre prominently displayed details of available advocacy services and a number of residents were engaged with advocacy and social work services. Residents of all ages were supported to access services appropriate to their needs and capacities. Inspectors observed that some residents had daily access to personal assistants and attended appropriate day care services.

Each resident's hobbies and preferences were captured in social assessments which informed their individual recreation and occupation care plans. The activities programme in the centre covered a range of diverse, interesting and appropriate activities, and activities took place over seven days. There was adequate space and facilities for residents to undertake activities in groups, and in private.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Lawson House Nursing Home OSV-0000244

Inspection ID: MON-0033430

Date of inspection: 13/07/2021

## 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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Challenging Behaviour Training has been scheduled on September 14th and 15th for staff whose certification has expired and all mandatory training schedules will be monitored closely.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The audit schedules are currently under review. Specific audit schedules will be developed and assigned audit duties will be implemented.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All Management and staff have been reminded and made aware of the importance of full notifications of incidents.	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Immediate steps were taken following the IPC issues raised by the inspector. The housekeeping and environmental manual has been updated to address the concerns of the inspector.</p> <p>A review of soft furnishings and equipment has been initiated, maintenance resources have been targeted to the items of furniture and equipment and woodwork in most need of repair and refurbishment.</p> <p>We have designated a specific cleaning room to store cleaning equipment. The yellow healthcare storage bins have been relocated to a secure covered area. We have engaged an IPC specialist to complete a gap analysis and review the measures we have already put in place. This gap analysis is scheduled for August 25th. IPC training for all staff by an IPC specialist has been scheduled for September 22nd.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Schedule has been formulated for stimulated fire drills with full compartmental evacuation with the lowest staff levels on a monthly basis.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Full regulations on stored medications will be strictly adhered too and audited. Medications that are no longer in use will be returned to the pharmacy as per regulations.</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	15/09/2021
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.	Substantially Compliant	Yellow	30/09/2021
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	Not Compliant	Orange	22/09/2021

	staff.			
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	31/08/2021
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	31/08/2021
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger	Substantially Compliant	Yellow	31/08/2021

	to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	14/07/2021