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:	Flannery's Nursing Home
Name of provider:	Flannery's Nursing Home Limited
Address of centre:	Chapel Road, Abbeyknockmoy, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	21 June 2021
Centre ID:	OSV-0000341
Fieldwork ID:	MON-0033355

About the designated centre

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

This registered centre is a modern purpose-built single-storey premises, which provides residential care for 61 residents. The building has many features that contribute positively to residents' quality of life. These include large bedrooms with en-suite facilities, windows that provide a view of the outside when sitting down, a range of sitting areas where residents can spend time during the day and wide hallways that enable residents to walk around freely. The centre cares for both female and male residents aged 18 years and over with the following care needs: respite care to residents following hospital stay, post surgery or from home, respite care, post-operative care for those after orthopaedic surgery, and cardio-thoracic surgery. Long term care is provided to residents requiring full time care, including those with dementia and who are no longer able to look after their own physical and mental well-being. The registered centre provides palliative care, dementia care, and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

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
Monday 21 June 2021	10:00hrs to 19:00hrs	Catherine Sweeney	Lead
Monday 21 June 2021	10:00hrs to 19:00hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

Inspectors spoke with seven residents on the day of the inspection. Residents spoken with told the inspector that they felt well cared for and that the staff were kind and treated them with respect. While inspectors observed some kind and respectful interaction between staff and residents, a number of interactions were not person-centred and were observed to by rushed and abrupt. A number of residents spent long periods of time in their bedroom with minimal opportunity for social engagement.

Residents bedrooms were observed to be spacious and some rooms were decorated in a person-centred way, reflecting the preference of the residents accommodated. Residents had access to outdoor space. The garden area was well maintained. Residents told the inspectors that they had been involved in the planting and maintenance of the summer flowers. One resident was observed walking outside independently.

Inspectors walked around the premises and found that an immediate deep clean of the centre was required. Some areas in the centre required painting and upgrading. For example, some of the furniture was observed to be worn and damaged. The quality of linen and towels observed was poor, with some bed sheets threadbare.

Some residents reported that staff were responsive to their needs and that care was delivered in a timely and effective manner. However, inspectors observed that there were delays in responding to call bells. On one occasion, a bell was deactivated and the resident was told that a nurse would attend. The resident told the inspector that the nurse did not attend. Inspectors observed a number of instances where care appeared to be to be rushed with minimal communication between staff and residents. Person-handling techniques were observed to be poor and not in line with best practice. A resident who was spending time alone in their bedroom did not have access to a call bell.

The centre accommodated a number of younger residents with complex physical, social and psychological needs. There was limited opportunity, due to lack of planning and staff availability, for these residents to participate in activities in accordance with their interests and capacities. Although some action had been taken to contact social support services, there was no clear pathway in place to assist residents with relocating to a more appropriate setting. The care plan for these residents did not include referrals to social care supports and advocacy to improve the quality of the residents' lives while living in the centre**.**

One resident explained to the inspectors that they received a good level of social care. They explained that there was plenty of opportunity for social engagement in the centre. However, there was no activities schedule on display in the centre. An activities coordinator was rostered from 11am until 4pm on Monday, Wednesday, Thursday and Friday. Inspectors observed one group activity in the afternoon which

was enjoyed by the residents in the day room. Some of the residents who chose to spend time in their bedrooms were not facilitated with any opportunity for social engagement. One resident was observed sitting in their bedroom with the television tuned to a children's channel. The resident confirmed that this was not their preference.

Staffing levels in the centre were impacting the residents quailty of life. One resident complained about the high noise level at night. This was due to the night carers performing cleaning duties such as floor polishing at night. In addition, the part-time activity coordinator was observed assisting with catering duties reducing the amount of time spent facilitating social activity or residents preference.

Capacity and capability

This was an unannounced risk inspection by inspectors of social services to review the actions taken following the notification to the Office of the Chief Inspector in relation to an allegation of suspected abuse. Inspectors also followed up on the commitments made by the provider in a compliance plan submitted following an inspection of the centre in October 2019. Repeated regulatory non-compliance was found in training and development and infection prevention and control.

Following the receipt of two pieces of unsolicited information to the Office of the Chief Inspector in December 2020 and January 2021, in relation to staffing and care issues in the centre, a provider meeting was held on 10 February 2021 and provider committed to addressing the staffing issues and putting in place a second nurse on night duty.

Overall, inspectors found significant non-compliance in governance and management and infection control. An urgent action plan to address the findings under these regulations was issued the day after the inspection. The provider voluntarily stopped admissions to the centre for a period of six weeks to facilitate an improvement plan.

Inspectors reviewed to roster in place on the day of the inspection and found that although there were two nurses on night duty, the nursing availability on day duty had been reduced to facilitate this change.

Inspectors found that the governance and management systems in the centre required significant improvement. There was no documentary evidence of management meetings. Staff meetings, clinical and environmental audits, infection control systems and records of resident care were poorly documented and did not inform quality improvement. Management systems in relation to complaints and regulatory notifications also required improvement.

There was insufficient staff available to meet the assessed needs of the residents or for the size and layout of the building. This is detailed further under Regulation 15,

staffing. As a result of the inspectors' findings on this inspection, the following occurred:

- an immediate action plan on governance and management and infection prevention and control was requested
- further information was requested on the care pathway for residents who were living in the centre, who were aged under 65 years

The organisational structure of the centre and the roles and responsibilities of the management team were not clear. The provider of this centre is Flannery's Nursing Home Limited. There are two company directors, one of whom is the person in charge of the centre. The person in charge is supported by a director of nursing and two members of the administration team. The director of nursing deputises in the absence of the person in charge. The director of nursing is rostered from Monday to Thursday in a supervisory capacity and the person in charge was rostered on the remaining days of the week as the nurse delivering direct care to the residents. It was not clear who held the responsibility for the oversight and governance of management systems, particularly in relation to staff supervision and infection control practice.

There were 41 residents accommodated in the centre on the day of the inspection. A dependency assessment completed on all residents found that 25 residents required high to maximum levels of care and 16 residents required medium to low levels of care. Of the 41 residents accommodated in the centre,17 had cognitive impairment or a diagnosis of dementia.

A review of the roster found that staffing was inconsistent. For example, on the week of the inspection, there were two nurses on duty during the day on four days, and one nurse on three days. There were four carers rostered daily, however, at 11am daily one carer would be reallocated to catering duties. This meant that direct care time for residents was reduced.

A review of the staff training records in the centre found that staff did not have timely access to appropriate training, such as people moving and handling techniques. Furthermore, senior nurse management did not have up-to-date training to guide staff. Inspectors observed the impact of this issue on residents through poor care practices such as high risk resident transfers.

Regulation 15: Staffing

The provider had failed to ensure that the number and skill mix of staff was appropriate to meet the needs of the residents and for the size and layout of the designated centre. This was evidenced by :

- inadequate supervision of residents in the communal areas. Inspectors observed residents at high risk of falling, mobilising independently without their walking support equipment.

- care was observed to be rushed, and not delivered in line with the preference or needs of the residents.
- inadequate staff to ensure the centre could be cleaned to a high standard. Some cleaning duties were carried out by night time staff and noise from machines interrupted residents' sleep.
- no contingency planning was in place to ensure adequate staffing in the event of an outbreak of Covid-19.
- residents who chose to spend time in their bedrooms did not have meaningful activities provided during the day.
- one chef was available to cover seven days a week. A member of the care staff moved to catering duties in the kitchen at 11am reducing care time for residents.
- care provided was, at times, observed to be task-orientated, rather than person-centered, with poor communication between staff and residents.
- the staffing in place did not reflect the staffing level detailed in the centre's statement of purpose and function. For example, the statement of purpose states that the staffing compliment in the centre includes a full-time activity coordinator and a part-time kitchen assistant ,neither of which were in place.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of staff training was required to ensure that staff received appropriate training, commensurate to their role. The findings of this inspection include:

- the director of nursing and the person in charge, both of whom worked as nurses in the centre had not attended mandatory training. Therefore, they lacked the required knowledge to supervise staff practices.
- a number of residents were assessed as requiring full-care intervention in the event of a sudden deterioration in health. However, nurses did not have up-to-date training in cardio-pulmonary resuscitation.
- some staff did not have adequate fluency in English to understand instruction or to communicate effectively with residents.
- following a number of observations of poor people-handling practice, inspectors found that eight out of 15 care assistants, mostly newly recruited staff did not have manual and people-handling training completed. This training was scheduled to be completed in July 2021.

Furthermore, management and senior nursing levels in the centre did not facilitate appropriate supervision levels. There was no system in place to ensure that staff providing induction and training to new staff were aware of the staff policy and procedures in the centre. For example, a staff member providing induction for a newly recruited staff member was not aware of the documentation to be completed during staff induction.

Judgment: Not compliant

Regulation 23: Governance and management

The governance and management of the centre required urgent review. This was evidenced by:

- inadequate resources to meet the needs of residents accommodated in the centre. There were significant staff shortages in the nursing and care team, house keeping, and kitchen.
- there was no clearly defined management structure identifying the lines of authority and accountability.
- poor risk management. Major risks observed on inspection had not been identified. For example, inadequate staffing levels and poor infection control practice.
- poor environmental hygiene practices was observed,the centre required a deep clean
- poor management of complaints
- inadequate systems were in place to manage and service equipment, or to replace worn towels and linen.
- staff files reviewed found poor management of Garda (police) vetting procedures. One file reviewed found that a staff nurse had commenced duty prior to the completion of the vetting process.
- there was failure to submit notifications in line with regulation requirements
- there were poor systems in place to communicate residents care plans to care team, and ensure a consistent approach to care. The care team did not have access to the IT system.
- poor recruitment and induction systems did not ensure that staff were competent and skilled for their roles.
- poor oversight of fire safety precautions
- repeated regulatory non-compliance was found in training and development and infection prevention and control. This posed a risk to the safety and well being of residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of staff files found that an incident relating to an allegation of staff misconduct was not notified to the Chief Inspector in line with the requirements under regulation 31. In addition, an allegation of abuse made by a resident during a resident meeting was not notified as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre had a complaints policy in place. However, inspectors found that complaints were not managed or documented in line with the centre's policy or the requirements under regulation 34. This was evidenced by:

- complaints procedure was not displayed in a prominent or accessible manner
- complaints made at residents' meetings were not investigated or documented in the complaints register.
- the satisfaction of the complainant was not recorded.

Judgment: Not compliant

Quality and safety

The overall health and social care of residents was found to be affected by poor staffing levels and inadequate supervision. While all residents had an assessment and care plan documented, it was not clear how residents' needs were communicated to the care staff. Inspectors found that care plans did not reflect the practice delivered on the day of the inspection.

This inspection took place during the COVID-19 pandemic. The centre had assessed the risks associated with an outbreak, however, the contingency plan in the event of an outbreak, particularly in relation to governance and staffing, was poor. The centre had remained free from COVID-19.

Overall, the centre was not clean on the day of the inspection and infection prevention and control was found to be poor. The provider was issued with an urgent compliance plan to address the cleaning issues in the centre on the day following the inspection.

An assessment of the fire safety systems was required to provide assurance that residents, staff and visitors were protected in the event of a fire. Some of the fire systems in place were found to be in a poor state of repair. Inspectors also found that residents' evacuation plans in relation to their requirements in the event of a fire were poorly detailed.

A review of residents' rights in the centre was required. The shortage of staff had a direct effect on the the time allocated to the provision of activities in the centre. While residents in the day rooms were observed to have been facilitated with activities in the afternoon of the inspection, there was no activity schedule in place.

This meant that residents did not know when or where an activity would take place. Inspectors observed a number of residents who stayed in their rooms during the day did not have access to opportunities for social engagement or activities. Residents were not supported to engage in the local community and younger residents especially did not have their social needs met.

There was no independent advocate available to facilitate residents' meetings. Meetings were chaired by the person in charge. A review of the minutes of a residents meeting found that residents concerns and complaints had been documented within the meeting records but not addressed by the provider. Residents reported that the poorly managed responsive behaviours of some residents were impacting on the quality of life of other residents. Advocacy services were not used to resolve challenging issues.

Closed circuit television cameras (CCTV) were used widely in the centre including in the communal areas of the centre. The centre's policy for the use of CCTV details that each resident would sign consent for the use of CCTV in the centre. There was no documentary evidence that residents were aware of, or consented to the use of CCTV in areas where privacy would be expected, for example, the communal areas of the centre.

A review of equipment and staff training required to deliver advanced life support was required. The care plan for some residents described the requirement for full and active treatment in the event of a sudden deterioration in health. The centre did not have the resources in place to support this level of care.

The centre provides accommodation for a number of residents under the age of 65. Inspectors requested a provider assurance report to be submitted following the inspection, detailing the arrangements in place to facilitate quality of life for these residents.

Regulation 27: Infection control

Inspectors found poorly managed infection control practice. This was evidenced by

- the centre was not visibly clean on the day of the inspection. Communal rooms were cluttered disorganised. Floors were unclean. Toilets and bathrooms reviewed were visibly unclear with organic matter. Bathroom floors were worn and soiled. Hand gel dispenser were visibly congealed with dried gel and not clean.
- resident supportive equipment such as shower chairs and wheelchairs were not clean
- no system in place for identifying clean and dirty shared equipment such as commodes and shower chairs.
- an unpleasant smell in unused rooms
- poor and inappropriate storage of equipment in unused rooms which made it difficult to clean the rooms

- some hand gel available however multiple gel dispensers were empty
- staff were multi-tasking between care and kitchen duties and did not change uniforms, this posed an infection control risk
- the visiting policy in place was not in line with Health Protection Surveillance Centre (HPSC) National guidance. For example, all children were restricted from the centre and visitors who had travelled from abroad had not been risk assessed before visiting.
- a residents bathroom was converted to a staff changing area. The area was malodorous and not visibly clean

An immediate deep clean of the centre was required. The provider was issued with an urgent action plan to address these findings.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors did not review the full detail of Regulation 28 on this inspection, however, a number of issues observed on inspection required further assurance from the provider. Inspectors concluded that a full fire risk assessment, completed by a competent professional was required to ensure full compliance with regulation 28. The findings of this inspection were:

- Personal emergency evacuation plans (PEEP) for each resident did not include the detail required for safe evacuation of the resident during the day and at night.
- PEEP's were not signed or dated. This made it difficult to assess if the plans reflected the current needs of the residents.
- Some fire doors were in a poor state of repair. Some did not close properly, others were damaged.
- Ceiling hatches required review to ensure that they met fire safety requirements
- Lint had not been cleaned from the tumble dryer, this presented a risk of fire
- Significant distance from the furthest points of the centre to the fire panel could lead to a delay in responding to a fire. An assessment of the requirement of a repeater panel was required
- There was no way-finding maps to detail the exits and equipment available, if required in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

All residents in the centre had a comprehensive nursing assessment completed. These assessments were used to develop residents care plans.

Inspectors reviewed a sample of residents' files and found that care plans were in place for each resident and had been updated in line with residents' needs, and the requirement under regulation 5.

Judgment: Compliant

Regulation 6: Health care

Residents had appropriate access to a doctor of their choice and to a team of allied health care professionals including physiotherapy, occupational therapy and psychiatry of late life.

A review of the equipment and trained staff available to deliver a high standard of evidence based nursing care in the event of a sudden deterioration in the health of a resident, up to and including advanced life support, as detailed in some residents' care plans, was required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

A review of residents' rights was required. This was evidenced by:

- a small number of residents aged under 65 were admitted following a pre-admission assessment to the centre, however the care pathway for these residents was not clear. Some residents spoken with expressed a desire to live with assistance in the community.
- there was minimal provision of opportunity for activity and social engagement for residents accommodated in the centre.
- there was a lack of private communal space due to the use of CCTV
- residents' meetings were not facilitated by an independent advocate and records evidenced that matters raised were not always addressed. For example, residents complained in relation to constant ringing of bells. No action had been taken to address this issue to the satisfaction of the residents.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Flannery's Nursing Home OSV-0000341

Inspection ID: MON-0033355

Date of inspection: 21/06/2021

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 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
Currently we have 35 residents in house. Staffing levels are constantly kept under review and adjusted accordingly.

The following staff have been appointed and have taken up positions:
3 Healthcare Assistants. HCA hours = 48hrs for day. 24hrs for night. 7 days week.
Staff Nurse hours = 12 hrs per day and 12hrs per night. 7 days a week.

2nd chef has taken up position 2 days a week to assist our catering manager.

2 Kitchen assistant has been appointed to work opposite each other.

A second Activities Co-Ordinator has been appointed and is now in position. We are in the process of assessing each resident for participation in Meaningful activities Programme.
A full schedule of Activities will be on display for all residents to review and offers choice.

The Person in Charge will continue in that role. She will cover Monday to Friday 9-5pm. In a supervisory role to ensure effective oversight of nursing care and care planning documentation, infection control, staff training, risk management and Policies.
The P.I.C. and the D.O.N. are available at all times for telephone advice and support particularly at the weekends and holiday times.

The statement of purpose and function will be updated to reflect these changes.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Training and dates completed:

CPR training completed 03/08/2021.
People and Manual handling training……22/07/2021
Fire training……12/07/2021

Hand washing assessments are carried out weekly by the Covid compliance Officer.
Staff nurses have completed training in taking Covid Swabs and Pronouncement of death

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
We have included nursing staff in governance and management meetings to ensure they are capable of managing the nursing home in the event of a crisis.
Senior staff nurse has been appointed as Clinical Nurse Manager with responsibility for clinical care. She is supported in her role by D.O.N. and P.I.C.
We remain in the process of recruiting an additional member of staff for management and staff nurse roles.

A structured staff training schedule is in place going forward. This is kept under constant review as new staff are appointed.

P.I.C. will work in a supervisory role to oversee quality and standard of care provided.
We aim to promote a culture of quality and safety. Regular Audits are carried out to ensure we deliver an ethos of Person-Centered care in staff practices and attitudes.
P.I.C. is the trained link nurse for infection prevention and control and will oversee compliance.

Contract Cleaners have completed a "deep clean" of the premises. (23/07/2021).
A Clinical Nurse Specialist from the HSE, Infection Control has completed an Environmental Audit (29/07/2021). We note her recommendations and are taking action. She is further available for advice and guidance going forward.

Complaints procedure is on display in a prominent position. We have reviewed our policy and updated it in line with legislation. All complaint will be addressed within the required timeframe.

New bed linen and towels have been purchased.

All care staff now have access to IT system. Touch screens have been provided.

Currently Management teams meet with each other daily on an informal basis to discuss the quality and safety of care provided.
Minutes of these meetings will be documented to ensure more effective oversight of care.

We have reviewed our Induction Policy and updated it in line with legislation.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Notifications will be submitted in line with regulation requirements.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The Complaints procedure is on display in prominent places throughout the home.
It is also available in the residents handbook.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Contract cleaners have competed a "Deep Clean" of the premises. (23/07/2021).
All old hand gel dispensers have been removed and replaced.
All resident have their own manual handling slings.
New shower chairs were purchased.

Unused rooms have been cleared and cleaned ready for use.

We are following the most up to date visiting policy in line with Health Protection Surveillance Centre National Guidance.

Staff Changing room has been moved back to original staff changing room and shower facility
.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A full risk assessment by a competent fire professional has been completed.
Personal Emergency evacuation plans for each resident for day and night have been updated, signed and dated.
All fire doors are checked weekly. Ceiling hatches have been reviewed and meet fire safety requirements.

Lint from tumble dryer is cleaned daily and as required and documented.

All maps detail fire exit points, equipment available for fire evacuation is detailed in PEEP`s.
An assessment for a repeater panel is not required.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
CPR training has been provided for all nursing staff on 03/08/2021.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The residents charter will be placed in a prominent location throughout the home, thus ensuring residents and families are aware of residents rights and services available.
All residents under the age of 65 have been provided with advocacy services with full support given to them, to make a safe transition to live a fulfilling life in the community.
All residents have a contract of care outlining services available to them. Those wishing not to sign contracts will have been documented.
There is a policy in place for the use of C.C.T.V. and all staff and residents are made aware of this policy.
Matters arising from residents meeting will be addressed in a timely matter and satisfaction outcome will be addressed.
Activity coordinators will be developing a person centred activity schedule, this will provide activity and social engagement for each resident according to their wishes.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	05/07/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	03/08/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	05/07/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Red	28/06/2021

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Red	28/06/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	28/06/2021
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 staff.	Not Compliant	Red	28/06/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate	Not Compliant	Orange	10/07/2021

	arrangements for reviewing fire precautions.			
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.	Not Compliant	Orange	05/07/2021
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Not Compliant	Orange	05/07/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the	Not Compliant	Orange	05/07/2021

	complaint and whether or not the resident was satisfied.			
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 resident's individual care plan.	Not Compliant	Orange	05/07/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	03/08/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to	Not Compliant	Orange	09/08/2021

	participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	09/08/2021
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Not Compliant	Orange	05/07/2021