Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre: Cobh Community Hospital
Name of provider: Cobh Community Hospital
Address of centre: Aileen Terrace, Cobh, Cork
Type of inspection: Unannounced
Date of inspection: 09 July 2020
Centre ID: OSV-0000558
Fieldwork ID: MON-0029534
About the designated centre

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

Cobh Community Hospital was established in 1908. The centre provides 24-hour nursing care to people of Cobh and the surrounding areas. It is run by a voluntary Board of Management who provide support to the person in charge, the staff and the large cohort of community volunteers in caring for 44 older adults. The "Friends of Cobh Hospital" are involved in fund raising for the hospital. Medical care is provided by a team of local doctors and a pharmacist is available to residents and staff. Consultant appointments are facilitated. Allied health services can be accessed through referral. Care plans are drawn up with the input of residents and their representatives where appropriate. Advocacy services are accessible. Activities are organised by activity staff who work on Monday and Friday each week as well as a number of externally contracted personnel. There are also volunteers activity providers such as musicians and companions. Pre-admission assessments are carried out prior to a resident coming in to the centre. Visitors are welcome at any time. There is a qualified chef employed who provides a choice at each meal time. Nutritional and dietary advice is available from a dietitian. The older and main part of the hospital is laid out over three floor levels. The ground floor is split into two levels with the upper level accessible via a platform type lift or by a stairs consisting of six steps. Bedroom accommodation on the ground floor comprised four single bedrooms and two twin bedrooms. Bedroom accommodation on the upper level of the ground floor comprises one single en-suite bedroom and one four-bedded en-suite room. Bedroom accommodation on the first floor comprises three single bedrooms, four twin bedrooms and two four-bedded rooms. The second floor is used primarily as office space but also contains the hairdressing salon and an oratory. The first and second floors are accessible by a lift and stairs.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 40 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 9 July 2020</td>
<td>10:00hrs to 17:30hrs</td>
<td>Mary O'Mahony</td>
<td>Lead</td>
</tr>
<tr>
<td>Thursday 9 July 2020</td>
<td>10:00hrs to 17:30hrs</td>
<td>Noel Sheehan</td>
<td>Support</td>
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What residents told us and what inspectors observed

Inspectors met with a number of residents during the inspection. They told inspectors that they were very happy in the centre. While they had missed seeing their relatives during the pandemic, they were glad that visits had now been re-introduced on a planned and phased basis. They said they understood why visiting was stopped as the severity of the virus had been explained to them by the person in charge, who had sent them weekly information letters also. There was a nice colourful resident's information booklet for each resident which contained an explanation about mealtimes, their rights as residents and the complaints procedure. They expressed their relief that the centre had remained COVID 19 free and praised the actions and support from all managers and staff in ensuring that they were safe. They said that the activities were great and had continued during "lockdown". They had two full-time activity coordinators as well as a support person, who was very popular also. Inspectors saw that more residents spent longer periods of time in the dining/sitting room during the day now and there was a lively, engaged atmosphere particularly during the quiz on the day of inspection and at the yoga session later in the afternoon.

Residents said that the staff were kind and respectful. One resident said she could get up and go to bed at a time that suited her. She was delighted that the hairdresser was back. Residents said that doctors were attentive and good to visit them. They were also looking forward to when their volunteers would return. They were aware that the friends of Cobh Community hospital were very active in the community and were continuously fund raising on their behalf.

Resident said they felt that their voices and concerns were responded to within the designated centre. This was confirmed by inspectors in the minutes of residents' meetings and in the detailed resident survey forms.

Capacity and capability

This unannounced inspection of Cobh Community Hospital was undertaken to follow up on findings of non compliance on previous inspections, and to assess if the centre had made sufficient progress to enable the Chief Inspector to renew its registration as a designated centre. The Board of Management of the centre had previously attended meetings at the office of the Chief Inspector as a means of engagement under internal regulatory escalation processes. Finding on the previous inspection of 31 October 2019 and the COVID preparedness inspection of 30 April 2020 had demonstrated incremental improvements. These improvements were evidenced also in the monthly reports submitted to the Chief Inspector which provided assurance that the centre was progressively attending to the actions
required following previous inspections. Funding from the Health Service Executive (HSE) was sought and agreed in order to enable the provider to employ key staff members, to maintain services in the centre and to carry out the required improvements to enhance the quality of life of residents. The registered provider representative (RPR) met with inspectors on this inspection and informed them that the centre continued to be in receipt of funding from the HSE for the maintenance of the service.

On this inspection inspectors found that the centre was on a pathway of improvement in overall regulatory compliance. A system of comprehensive and cohesive management had been established. Roles and responsibilities of staff were clearly set out and were reflected in their job descriptions. The new person in charge was committed to the role and was supported by two clinical nurse managers. This was evidenced by increased training, better staff supervision, improved communication and accessible staff support. The establishment of this team and their ongoing development, as well as more efficient communication with the Board of Management, ensured that the regulatory requirements for safe, appropriate, consistent and effectively monitored management systems were in place. The quality and safety of care was described and addressed under the Quality and Safety dimension of this report.

Improvements in the centre and any non compliances were described under each relevant regulation in this report, as summarised below:

Areas of improvement included:

- fire safety arrangements and fire safety systems had been established
- easy access to updated key policies for all staff
- regular management and staff meetings
- good quality data on incidents, complaints and falls
- a comprehensive risk management policy, safety statement and risk register
- staff files were generally well maintained
- disciplinary issues were addressed and staff appraisals had commenced
- new staff induction process was detailed and thorough
- good staff morale.

In summary, despite a substantial number of improvements inspectors found a number of areas of non-compliance the provider was required to submit a compliance plan to achieve compliance including:

- detailed fire drill records to be maintained and fire safety issues to be completed
- update relevant care plans and development of social care plans for some residents with specific needs
- pre-admission assessment to be more comprehensive and development of more in-depth care plans for the management of responsive behaviour in residents with dementia (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment)
• allied health care to include physiotherapy to be made available and accessible for residents
• establishing staffing levels
• medicine management to be reviewed
• financial assurance for sustainability of the service.

In conclusion, the findings of this inspection were that improved regulatory compliance had been established in Cobh Community Hospital. The Health Service Executive (HSE) were acknowledged as having provided financial and personnel support which enable the centre to continue to remain viable at a time of financial difficulty. Inspectors found that the management team, including members of the Board of Management, demonstrated a firm commitment to improving compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 (as amended) and thereby enhancing the quality and safety of care for residents.

Registration Regulation 4: Application for registration or renewal of registration

All information required for the renewal of registration was submitted.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The annual fees had been paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be suitable for the post. She was engaged in continuous professional development. She had experience in care of the older adult and was praised by the staff and residents for her expertise and communication skills.

Judgment: Compliant

Regulation 15: Staffing
There were plans in place to ensure continuity of care to residents in the event of a sudden shortfall in staffing levels, due to a COVID-19 outbreak. Systems had been developed to ensure that staff had 24/7 access to managers and to clinical advice. Staff had been made aware of the supports available. Staff were monitored throughout the day to ensure that they did not have any symptoms of the virus and their temperature was checked as part of this process. Physical distancing of staff was facilitated throughout the day. A staff uniform policy was in place which obliged all staff to change on arrival and when leaving work. Staff were found to have signed that they understood and would follow the policy.

Staff were cohorted to work in specific areas to avoid cross-contamination in the event of an outbreak. Public Health and Health Service Executive (HSE) expert advice was accessible daily in relation to the virus guidelines and in relation to staff well-being.

Systems were in place to test staff who had symptoms of COVID-19. Four staff members had been trained to carry out testing. This meant that there was no delay if there was a suspected case of COVID-19 among the resident group. The roster and documentation was seen which indicated that there were sufficient staff on duty each day and that they had been assigned roles and responsibilities.

The centre was laid out over two floors, three levels and two interconnected buildings. For this reason inspectors remained concerned that there would be sufficient staff on duty in the late evening and night for residents with very high care needs and in the event of a fire in such a diverse layout. The person in charge stated that a new 8pm to 12midnight shift had been introduced to address this shortfall. However, inspectors reviewed the roster and found that a number of these shifts had not been covered due to the unavailability of staff for this short shift. The person in charge assured inspectors that there was a plan in place to change this to a full 8pm to 8am shift which would be more effective and easier to schedule. She envisioned that this would be in place within a matter of weeks.

Judgment: Not compliant

**Regulation 16: Training and staff development**

A training matrix was now in place which meant that the management team could see at a glance which staff members were due to attend mandatory training sessions. This indicated that mandatory training such as training in the prevention of abuse and fire safety training had been attended by all staff. However, some refresher training and training for a new staff member was now due. This had been postponed because of the COVID-19 precautions. All new staff had an intensive induction programme including training on the key policies. An external training company had been engaged and was scheduled to deliver classroom-based training.
to enhance the understanding and engagement of staff in these key courses.

All staff members had received relevant training specific to COVID 19. Staff had been trained in the application and removal of personal protective equipment (PPE). Staff were supervised to ensure they adhered to hand-washing and cleaning guidelines. Documentary evidence of daily hand-washing audits was available. The most up-to-date version of the health protection and surveillance centre (HPSC) and HSE guidelines were kept in a folder which was accessible to all. These were discussed each morning at handover report and each afternoon in the "safety pause". This was a new initiative which the person in charge said was supportive of residents' care as it acted as an early warning system if a resident's status changed. A number of staff had been identified as "champions" in specific areas of care such as, infection control, dementia care and wound care. A list of these champions was on display. Inspectors spoke with these members of staff who were enthusiastic and informed of their roles.

Judgment: Compliant

Regulation 21: Records

The records required to be retained under the regulations and for inspection purposes were seen to be available. Nevertheless, not all staff files were complete as follows: in the sample of staff files seen the curriculum vitae (CVs) were not complete for all staff, that is, not all gaps were explained within the CVs.

Judgment: Substantially compliant

Regulation 22: Insurance

Inspectors found that the centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

On this inspection inspectors found that the governance and management of the centre supported safe and consistent care. Team spirit and staff morale were very high and staff told inspectors that they were happy and optimistic. The recognition of areas of expertise in staff and the promotion of clear communication strategies were recognised by staff as being responsible for the increased staff engagement.
The appointment of two clinical nurse managers (CNMs) and the fact that they worked on alternative weekends meant that the whole team was informed and aware of residents' care issues and staffing requirements. A comprehensive audit system had been developed, data was analysed and the results of audits were shared with the team for learning purposes. Roles and responsibilities were clearly set out and the person in charge reported to the Board Of Management (BOM) every two weeks or if a pertinent event arose.

Senior management team members were in daily contact with the crisis management team in the CHO area in relation to the COVID 19 pandemic. Documentation was seen which confirmed that staff were made aware of the support available from all relevant bodies and the latest advice was printed and circulated daily. The person in charge stated that she had access to specialised advice on infection control specific to the virus and she had established links with other centres to share best practice advice. There were adequate oxygen supplies for residents in the centre and the person in charge had been in contact with a local supplier in relation to servicing oxygen cylinders.

The person in charge had consolidated the links with the local general practitioner (GP) services and the pharmacy, to ensure sufficient medicine stocks and timely medical treatment for residents. An area of the premises had been identified as suitable to cohort a number of residents should they test positive for the virus. This was described as an eight-bedded area which was divided from the rest of the centre by a fire door. It was serviced by toilet and shower facilities. Laundry facilities were available and staff were obliged to change their uniform at the end of each shift and place them in individual laundry bags.

The person in charge described to the inspector how "essential visiting" had always been allowed when residents were at end of life. She explained how families were informed on a daily basis of any change in residents' condition. The policy on visiting had now been updated to include precautions based on relevant guidelines for the re-commencement of visiting, such as the wearing of masks and the maintenance of physical distancing.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**

Residents had been provided with contracts of care which set out the service which was to be provided as well as the fee structure.

Judgment: Compliant

**Regulation 3: Statement of purpose**
The statement of purpose had recently been updated. It contained all the requirements of Schedule 1 of the Regulations. These included the aims and ethos of the centre, the management structure and the plans for residents to be included in the development of their personal plan of care.

**Judgment:** Compliant

### Regulation 30: Volunteers

Volunteers in the centre had their regulatory documents on file prior to commencing in the centre. In a sample of files reviewed inspectors found that they also had their required job descriptions on file. They had not attended the centre during the height of the COVID 19 outbreak but the person in charge stated that the issue was under review with a view to commencing visits when it was deemed safe to do so.

**Judgment:** Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of the notification process in the event of a COVID 19 suspected case and the system for updating an NF02A as well as the NF01 for an unexpected death. Nevertheless, in a sample of incidents reviewed inspectors found that one specified incident had not been notified to the Chief Inspector within three days of its occurrence, as defined by the regulations for the sector.

**Judgment:** Substantially compliant

### Regulation 34: Complaints procedure

Complaints were documented. A number of complaints were reviewed and the satisfaction of the complainant was seen to be noted on the complaint form. These were filed on a computerised system. The person in charge was asked to review the
recording system to ensure that all concerns and issues, highlighted verbally at meetings and on the survey, were included in the complaints log for ease of transparency, trending and learning.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The inspection found that the policies had been updated to include COVID 19 specific guidelines. A sample of these were seen by inspectors including the infection control policy, risk management policy, visiting policy, and the end of life policy. The person in charge discussed the additional guidelines and she informed the inspector that staff were made aware of these updates daily. The new administration staff member had developed an on-line system to ensure that all staff read and signed for each policy.

Judgment: Compliant

### Quality and safety

Inspectors found that residents in Cobh Community Hospital were supported and encouraged to have a good quality of life which was respectful of their wishes and choices.

The daily lived experience of residents and their relatives had been enhanced by the provision of an enriched programme of activities and the frequent use of the impressive communal rooms, as seen during the inspection.

Staff spoken with were found to be aware of residents' needs and were familiar with their likes and dislikes. Access to medical care and to allied health care professionals was, generally, seen to be in keeping with the assessed needs of residents.

Nevertheless, similar to findings on the previous inspection:

In relation to care planning:

- inspectors found that a number of care plans were not sufficiently developed and updated to guide staff in delivering care. This was addressed in detail under Regulation 5: Care Plans.
- additionally a number of residents in the centre did not have access to physiotherapy to maintain their muscle strength and enhance their physical well-being. This was outlined under Regulation 6: Health Care
In relation to fire safety:

On this inspection fire precautions in the centre were reviewed in the context of the issues of non-compliance as found on the inspection of 31 October 2019. In general the designated centre was laid out in a manner that provided an adequate number of escape routes and fire exits. The designated centre was subdivided with construction that would resist the passage of fire and smoke. Where breaches in compartmentation had been identified on the previous inspection these had been addressed as detailed under Regulation 28 of this report. Inspectors found that substantial investment had been made in fire safety works to ensure that residents were safe in the centre in the event of a fire.

In relation to residents' rights and activity provision:

Inspectors found that the improvements made in this aspect of life in the centre had been maintained. Inspectors observed groups of residents enjoying a communal dining experience while respecting social distancing. Residents spoke with inspectors about the activity programme which was revised and adapted to suit their needs. Residents were seen to enjoy individual and group activities with an activity coordinator in attendance. On the day of inspection residents were enjoying a quiz and virtual yoga. Inspectors observed that staff were mindful of residents' rights, privacy and dignity needs. Residents said that staff were kind and respectful to them and they felt safe in the centre.

In relation to Premises:

Improvements were found as outlined in detail under Regulation 17 in this report, particularly in the areas of cleanliness, decor at the main entrance hallway and new signage. However, inspectors found that there were some aspects of repair and decor which were still to be addressed, particularly in the older sections of the building.

In relation to staffing and staff training:

External training in the mandatory subjects of the prevention of abuse and the management of responsive behaviours had been provided to the majority of staff since the previous inspection. Staffing and training issues were addressed in more detail under Regulation 16: Staff training and development. Similar to previous inspection findings inspectors were not assured that night staffing levels were adequate particularly in regards to fire evacuation and the number of residents who had high care needs. Assurances were forthcoming from the person in charge that this would be resolved in a matter of weeks as night staffing levels were to be increased.

Overall, the quality and safety of care had been enhanced by the actions taken to improve fire safety systems, by the renewed focus given to the social aspects of residents' lives and by the attentive medical care available to residents. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) had increased incrementally over the last two inspections. Inspectors acknowledged the positive impact of the new
management structure on the quality of life and safety of residents living in the centre.

### Regulation 10: Communication difficulties

Resident were seen to have access to various communication devices, such as mobile phones, personal DVD players and laptops. Residents were facilitated to communicate freely and staff were knowledgeable of individual aspects of behaviour which indicated particular needs in residents with dementia.

**Judgment:** Compliant

### Regulation 11: Visits

Visits had re-commenced under the new HSE, HPSC guidelines. Visits were planned in advance and precautions were taken on arrival at the centre. Each visitor was seen to be met by a designated staff member who instructed and supervised the visitor on the precautions to be taken including temperature check, mask wearing, social distancing and hand washing.

**Judgment:** Compliant

### Regulation 12: Personal possessions

Residents' bedrooms were decorated in an individualised manner. Pictures of personal interest were displayed on their bedroom walls, for example, a resident who loved the sea had appropriate pictures of boats in the local harbour on his wall. One resident had upwards of eight large pictures in his room which gave the room a very homely feel. Residents praised the maintenance manager for his attention to these details. Residents had adequate storage space for their personal items. Each person had a wardrobe, a locker, a personal chair and a chest of drawers in some cases. Some residents had their university degrees on display and they had access to books of interest and DVD players in their rooms. A number of residents had personal computers and mobile phones were seen to be used throughout the day.

**Judgment:** Compliant
### Regulation 13: End of life

Residents' end of life wishes were documented. Palliative expertise was available both from the GP and the palliative care nurses.

Advanced care wishes had been recorded by the GPs, who had spent time assessing and documenting residents’ wishes in a kind and understanding manner.

**Judgment: Compliant**

### Regulation 17: Premises

The original and main section of Cobh Community hospital was laid out over three floor levels. The ground floor was split into two levels with the upper level accessible via a platform-type lift and by a stairs consisting of six steps. Bedroom accommodation on the ground floor was comprised of four single bedrooms and two twin bedrooms. Bedroom accommodation on the upper level of the ground floor consisted of one single en-suite bedroom and one four-bedded en-suite room.

Bedroom accommodation on the first floor consisted of three single bedrooms, four twin bedrooms and two four-bedded rooms. The second floor was used primarily as office space. The first and second floors were accessible by a lift and stairs. The newer section was accessible via a glass-walled corridor. The 12 bedrooms in this section were all single occupancy en-suite shower and toilet. This section had a separate dining and sitting room, incorporating a kitchenette.

Inspectors found that improvements had been made and existing upgrades had been maintained:

- the relocated hairdressing salon was back in popular demand
- the relocated sluice was seen to be in use
- the garden areas were well maintained
- the conservatory was nicely decorated and used by visitors
- the existing showers were all working on the day of inspection
- the entrance hallway had been decorated to a high standard
- new signage had been erected
- some areas of old flooring had been replaced
- a reflection room had been established
- a new 'snug' room was nearing completion.

The laundry room had been improved:

- all internal drains were enclosed
- laundry machinery was replaced and older items removed
- external drain outlets were now securely covered
- the call bell system had been repaired.

Outstanding issues to be addressed included: complete the renaming of corridors, replace worn flooring, address skuffed paint on woodwork and address the upgrading of bathroom/ensuite tiling, where necessary.

Judgment: Substantially compliant

**Regulation 18: Food and nutrition**

Food was seen to be varied and nicely served. A new chef had been employed and residents were facilitated to avail of a choice of main course and dessert. Modified diets and dietary requirements, such as gluten free and diabetic, were catered for. A new 7pm menu card had been introduced from which residents were encouraged to choose substantial evening snacks.

Judgment: Compliant

**Regulation 26: Risk management**

The risk management policy addressed a range of risks in the centre. Controls were set out and new risks were assessed without delay. Management staff supported positive risk taking in recognition of the abilities and personal choice of residents. For example, one resident liked to make a cup of tea for herself, and for another resident, in the kitchenette attached to one sitting room. The requirement of the regulation on risk management were seen to have been met, such as listing the controls for specified events such as absconion and abuse. The inspector viewed a number of risk assessments specifically related to COVID 19. Robust controls had been put in place to preempt an outbreak.

Judgment: Compliant

**Regulation 27: Infection control**

Measures were in place in the centre to prevent, control and mitigate an outbreak of infection. The person in charge stated that hours of cleaning staff had been increased. The inspector saw that staff had a cleaning regime to follow and they used a checklist as evidence that the cleaning had been carried out as advised. Senior staff supervised and audited the quality of cleaning procedures. A specific, recommended cleaning agent had been procured from the HSE and this was
the recommended anti-viral cleaning product for this time. The person in charge explained that she had procured extra "yellow" clinical waste bins for the disposal of masks and other items of PPE. The person in charge was found to be knowledgeable and informed in relation to the requirements for specific cleaning procedures and protocol especially following the death of a resident. Staff were supervised in the undertaking of hand hygiene and were seen to wash their hands at regular intervals throughout the inspection. Hand sanitising gel was readily available and all staff wore masks.

Notwithstanding the improved protocol there were areas of the centre such as the men's en-suite shower and toilet rooms which required more attention due to old equipment, old flooring, scuffed paint and the presence of stains on the bedpan rack, in the adjoining alcove area. In general, in a number of areas, the scuffed woodwork and worn flooring meant that the areas could not be cleaned in a manner which promoted best practice in infection control procedures, due to breaches in the surfaces being cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Upgrading of the fire safety systems had been undertaken since inspectors had identified a number of areas of non compliance on previous inspections, particularly the inspection of 31 October 2019.

For example:

- The two separate fire detection systems had now been reconfigured into one fire detection system which covered the whole centre.
- Staff were found to be aware of how to read the fire panel and how to respond to a fire alarm activation.
- Staff had been provided with a mobile "walkie-talkie" system at each fire assembly point to aid staff to stay in contact with each other.
- Escape routes had been revised and accommodation which was accessible by a number of stair steps was now in use for mobile residents.
- Fire doors in some areas of the building were fitted with devices to allow the fire door remain open. These were connected to the fire alarm system and would close when the alarm was activated. This meant that the resident had the choice to have their bedroom door open and those fire doors did not impede day to day circulation.
- Fire safety doors which had required maintenance had been attended to.
- Residents' personal evacuation plans (PEEPS) were more detailed
- Emergency escape signs had been installed.

Inspectors reviewed documentation in terms of regular in-house fire safety checks in the centre. There were daily and weekly checklists which included checks for the fire
detection and alarm system panel, escape routes, fire doors and so on. Inspectors viewed records for servicing of the fire detection and alarm system and the emergency lighting system which were up to date.

Nevertheless, a number of fire safety issues still required attention:

For example:

- fire drill attendance records were available, however, there was no detail as to the duration of the drill, the roles played by attendees, the area evacuated, the response of staff or the learning from the drill.
- evidence of contact with the county council fire safety officer in relation to certification of the system was required
- application of a closure device to a fire-safe door: This was found to be held open to facilitate frail residents. The facilities manager outlined to inspectors how this would, immediately, be fitted with a specific device to enable it to remain open while connected to the fire alarm system for automatic closure in the event of a fire.

Judgment: Substantially compliant

**Regulation 29: Medicines and pharmaceutical services**

Medicines were secured stored and they were seen to be audited regularly. A new system had been initiated which would require a more robust system of audit which the CNM had planned. Medicines were returned to pharmacy when no longer in use. There was a medicine receipt book in place which was signed by two people.

Nonetheless the inspector found that one resident whose medicines required 'crushing' due to a swallowing deficit did not have a signed authorisation for this. Additionally two of the medicines which were being crushed contained specific instructions 'not to crush' the medicine. The CNM said that she would contact the pharmacy for an alternative form of the medicines with the GPs permission and prescription. Furthermore, the inspector found that one medicine had been withheld from a resident for 16 days while awaiting a blood test and blood test result, which was yet to be received. Therefore the resident had not received the medicine, used to control blood sugar levels, for this period of time.

Controlled drugs were well managed. Two nurses signed the stock list of these at the beginning and end of each shift and also when administering the medicine.

Judgment: Not compliant

**Regulation 5: Individual assessment and care plan**
Residents had been informed on an ongoing basis of the COVID-19 situation. Care plans were developed to support psychological well-being and the inspector saw evidence that the psychiatrist had been in contact to assess residents who had anxiety disorders and behaviour escalation due to dementia. End-of-life wishes had been updated and where possible residents were involved in drawing up advanced care directives. These were reviewed where necessary and the inspector was shown a sample of these documents. Staff had been made aware of the atypical presentation of COVID-19 particularly in relation to the older vulnerable residents. There were robust systems in place for identifying and responding to any such indicators of illness.

Care plans were maintained on an electronic system with additional paper-based records in some cases. The GPs and allied health therapists such as the occupational health (OT) therapist also were seen to have inputted their relevant care notes. In one care plan for a resident at end-of-life it was evident that GP, palliative, nursing and spiritual care needs were met, from a review of the entries in the relevant sections of the care plan.

Notwithstanding the good practice not all care plans had been reviewed and updated in line with the regulatory guidelines of four months or when residents' needs changed. For example, in the case of a care plan for the dressings required on a pressure sore wound: the immediate and most prominent information on the care plan did not provide information on the current type of wound dressing in use or on the updated wound status, which had greatly improved, according to further information recorded elsewhere. This finding also applied where there was a second ulcer wound on the resident's leg: this was also improving but the information was not adequately recorded or easily retrievable. The pre-admission assessments required review to ensure that the needs of prospective residents could be met. Inspectors found that people with dementia had been admitted who were mobile and because of staffing levels and the design and layout of the centre their safety could not be assured. This is discussed in detail under Regulation 7.

Judgment: Not compliant

Regulation 6: Health care

There were arrangements in place for residents who required medical assessment by the GP, a geriatrician and the psychiatric team. The person in charge outlined the process to access each of these strands of the medical profession. For example, the local GP team had designated roles, one GP specialised in palliative care, the residents with dementia were under review by the psychiatric team and the geriatrician had made contact with the designated centre. Examples of this care was discussed in relation to specific residents and these were found to involve timely
intervention in the majority of cases. A protocol was established in the event that residents required hospital admission.

Nevertheless, inspectors were concerned that the needs of some residents were very high, which impacted on staffing and on other residents' daily lives and their care needs. For example, inspectors found that one staff member was required to support a resident with dementia throughout the day: this staff member was drawn from the daily complement of staff. It was not clear to inspectors if the pre-admission process was sufficient robust to take into account the needs of the residents to be admitted, the ready availability of the required allied health expertise and the ability to set goals of care for residents in the younger age bracket. For example, there was no access to regular physiotherapy unless residents paid privately, or, were taken down by staff to the physiotherapist in the adjoining day centre, following referral. This was not suitable for all residents some of whom required both passive and active physiotherapy to prevent deteriorating muscle strength and to retain existing levels of physicality. This situation required review. The need for more comprehensive pre-admission criteria, to include management meetings, prior to acceptance of new admissions with very complex needs was discussed with the person in charge at the 'feedback' meeting following the inspection.

Inspectors acknowledged that the COVID 19 pandemic precautions meant that the managers were not in a position to go out to access new residents prior to admission as they had done previously, and this undoubtedly had a negative impact on the situation.

Judgment: Substantially compliant

**Regulation 7: Managing behaviour that is challenging**

The person in charge informed inspectors that there were a number of residents in the centre who exhibited the behaviour and psychological symptoms of dementia (BPSD). She explained how this behaviour had escalated due to the COVID-19 measures where visits and socialisation was restricted. The restraint policy was reviewed by the inspector as well as the policy on managing the behaviour associated with dementia. These policies confirmed that restraint was only considered in line with the national policy on restraint.

The relevant residents had care plans in place to ensure that alternatives to restraints were available to deescalate the behaviour. Psychotropic (sedative or mind altering) medicines were used under the guidance of a specialist and this was assessed to ensure it did not have adverse effects, such as, increased drowsiness. Where medicine was seen to have adverse effects the GPs were quick to intervene and change the prescription as seen in one resident's care plan entry. Inspectors saw the newly erected dementia-friendly signage which enabled residents to
orientate themselves to their environment.

However, the staffing levels, the overall environment and the centre layout was not suitable for mobile, active people with dementia who had responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents required a larger circulation space, independent access to a bigger garden space and specialist dementia care for their optimal well-being. Evidence was seen to support this finding. Residents with dementia who were at risk of abscondion were also at high risk of behaviour escalation and the resultant feeling of 'ill-being' for the same reasons. This had been identified in the risk register with the greatest hazard being that such a resident would go out unnoticed when a visitor was entering the centre.

Judgment: Substantially compliant

Regulation 8: Protection

The policy on protection of older persons from abuse had been revised. Staff training was ongoing. Staff attended relevant "Webinars" on "HSE-land" which provided refresher training of the prevention of abuse. Classroom based training was planned for the end of the month. Residents rights were acknowledged and promoted, as further discussed under Regulation 9: Residents' rights. The finance manager maintained careful, transparent documentation relating to residents' finances. Receipts and invoices were readily available.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that residents' rights were protected during the current COVID 19 crisis. Their well-being was supported by staff interaction, family contact by phone and video calls as well as activities. Activity staff delivered a daily programme of meaningful and age appropriate activities. Documentation was seen which supported this. This included letters of information from the person in charge, monthly newsletters and albums of photographs of special events.

An example of the activity records described a range of activities as follows:

- Mass was available through video-link, newspapers were read, tea and biscuits were served and social chat was encouraged in the morning.
- Residents were taught the procedure for correct hand washing prior to lunch and they all participated in this.
- At the beginning of May a 'May Day' altar had been prepared with advice from residents and reminiscence about May Day celebrations in their youth had been encouraged.
- Garden walks were supported and resident engaged in gardening activities.
- Rosary was organised by residents who were facilitated to access a You-Tube recording of Andrea Bocelli singing "Ave Maria".
- Social distancing and mask-wearing rational was discussed at meal times and at times of activity provision with residents.
- Bingo was facilitated and there were prizes for the winners which was described as a time of "great laughter".
- The person in charge described incidences of great community involvement such as "virtual concerts" and "virtual yoga", garden plants being donated by the community and sponsoring of small prizes for bingo.
- An impressive range of items were on display from the knitting club.

In the absence of advocacy arrangements due to the COVID 19 precautions the person in charge stated that residents' meetings and residents' surveys were held and issues arising were discussed and addressed. A sample of these were seen by inspectors.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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<tr>
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</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Not Compliant</td>
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<tr>
<td></td>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC or deputy reviews staffing rosters on an ongoing basis to ensure that residents needs are met, and to provide safe person centered care. Staffing recruitment ongoing, two new RGN to commence post in September. Night staffing to go up to 5 staff on duty from 4 effective from 30th August.</td>
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<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 21: Records: Full audit to be carried out on Staffing and HR files to ensure same are up to date and to ensure compliance with the Regulations. Current review of all contracts ongoing also in order to comply with regulation 21</td>
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<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All incidents are reviewed by the PIC. The PIC is committed to reporting all incidents going forward in line with regulations.</td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: Ongoing works are being carried out to improve the hospital premises. Whilst we are challenged with an old building, works are incremental and ongoing and a vision to continue to improve our corridor flooring, bathroom upgrades and painting of all resident areas including bathrooms are ongoing as best as budgetary means can allow. Residents are consulted for their input in the ongoing improvement plans in relation to the premises.</td>
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<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
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</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 27: Infection control: The Men's bathroom has been identified to Facilities Manager as a project for Renovation. Funds being sought from the Registered Provider to refurbish same. The center adheres to strict IPC guidelines. Training for all staff in IPC is ongoing.</td>
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</table>

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<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Improvements to documentation of all Fire Drills taken on board and new detail added to the current fire drill records. Facilities Manager has made contact with the Fire Officer (County Council) and has sent on the Fire Safety Report to her office. Magnet device to be fitted to the bathroom door in Daffodil ward to ease movement of residents in and out of the bathroom without compromising Fire Safety.</td>
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</table>

<table>
<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
<th>Not Compliant</th>
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</thead>
</table>
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Meeting with GPs planned to discuss importance of administration routes of meds. New box system of medicine distribution commenced week of inspection. Audit tool designed for monthly analysis to ensure all meds given and that if not that the reason for non-administration is documented, and reviewed. It was noted to the GPs in relation to medicines being withheld and staff also made aware of importance of observing withheld medications and the reasoning for same and also to communicate with GPs in relation to withheld medications to prevent elongated absences of medication.

| Regulation 5: Individual assessment and care plan | Not Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Pre assessments were difficult during COVID lockdown as face to face interaction with potential residents was not permitted. Review of the pre assessment structure to be carried out, with pre admission meetings with staff to ensure all aspects of care are known to the potential residents’ key worker, and also to ensure the capabilities of the service can accommodate residents care needs.
Full review of assessments and care plans underway. Care plan and assessment working group formed with RGNs to ensure we address the shortcomings in this report promptly.

| Regulation 6: Health care | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 6: Health care:
Need for physiotherapy for residents under review. Representation made to HSE physio to see if residents who cannot travel to day center can be accommodated in their place of residence. The center will facilitate any private physio sessions which the resident or family may wish to avail of.

| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A plan for Robust preadmission criteria is being reviewed when accepting potential residents in the future to ensure the resident is offered the most suitable environment. This will ensure the centre admits residents for Long term care that the centre is capable of continuing care into the future. Training in behavior that is challenging for all staff is ongoing.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(1)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>01/09/2020</td>
</tr>
<tr>
<td>Regulation 17(1)</td>
<td>The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2020</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall, having regard to</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2020</td>
</tr>
<tr>
<td>Regulation 21(1)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(d)</td>
<td>The registered provider shall make arrangements for staff of the designated centre</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
</tbody>
</table>
to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

<table>
<thead>
<tr>
<th>Regulation 28(1)(e)</th>
<th>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.</th>
<th>Substantially Compliant</th>
<th>Yellow</th>
<th>31/10/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(2)(iv)</td>
<td>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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation 29(5)</td>
<td>The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/09/2020</td>
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<tr>
<td>Regulation 31(1)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/08/2020</td>
</tr>
<tr>
<td>Regulation 5(1)</td>
<td>The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation 5(2)</td>
<td>The person in charge shall arrange a comprehensive assessment, by an appropriate health</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation 5(3)</td>
<td>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident’s admission to the designated centre.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/10/2020</td>
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<tr>
<td>Regulation 5(4)</td>
<td>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation 6(1)</td>
<td>The registered provider shall, having regard to the care plan prepared under Regulation 5, provide</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2020</td>
</tr>
</tbody>
</table>
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.

| Regulation 6(2)(c) | The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment. | Substantially Compliant | Yellow | 30/09/2020 |

| Regulation 7(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. | Substantially Compliant | Yellow | 30/09/2020 |