



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

## Issued by the Chief Inspector

Name of designated centre:	Holy Ghost Residential Home
Name of provider:	Holy Ghost Hospital Board of Trustees
Address of centre:	Cork Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	23 November 2021
Centre ID:	OSV-0000591
Fieldwork ID:	MON-0034631

## About the designated centre

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

The Holy Ghost Residential Home is a single-storey purpose built centre that includes various renovations and extensions which have taken place over the years to enhance the living spaces for residents. It contains 60 single bedrooms with full en-suite bathrooms. Communal accommodation consists of a large communal sitting room called the concourse. A large dining room is located beside a well-equipped kitchen and a second sitting room is across the corridor. Other communal areas includes a fully furnished oratory, a library, a comfortable furnished foyer, a smoking room and a hairdressing room. There are also additional seating areas along some corridors. There is an enclosed garden in the centre of the building and other outdoor spaces are available including walkways at the front of the building.

The Holy Ghost is a residential setting catering for residents to live independently with supportive care. The emphasis is on home-style living where each resident has their own room/living space. The Holy Ghost residential home does not provide 24-hour nursing care but a registered general nurse is responsible and accountable for the daily running of the home. This supportive independent care model is reflected in the staffing structure which is household, catering and caring staff as in the community setting.

The centre is located in Waterford city in close proximity to the city centre and to public transport networks.

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

Number of residents on the date of inspection:	55
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## 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
Tuesday 23 November 2021	10:30hrs to 19:00hrs	John Greaney	Lead

## What residents told us and what inspectors observed

The overall feedback from the residents was very positive. Residents confirmed that this was a nice place to live and that staff were very supportive and assisted them to maintain their independence while at the same time provide necessary supports.

The inspector arrived unannounced to the centre in the morning and a member of staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature checks.

The inspector held an opening meeting with the person in charge and provided an overview of the planned inspection. Following this meeting, the inspector completed a walk around of the centre accompanied by the person in charge. The centre was clean, well maintained and was warm and comfortable. There was a relaxed and unhurried atmosphere and an overall sense of well-being was evident.

Holy Ghost Residential Home accommodates residents that have been assessed as low dependency and are supported by staff to live as independently as possible. It is a single storey facility that comprises 60 single bedrooms, all of which are en suite with shower, toilet and wash hand basin. There is also one staff sleepover room and a visitor's sleep over room, both with en-suite facilities. The centre has secure outdoor space that is readily accessible to residents and is furnished, landscaped and maintained to a high standard. There are a number of communal areas that include a library, a lounge, a visitors' room, a smoking room and a chapel. There is a hairdressing room and a hairdresser visits the centre on a weekly basis.

All bedrooms are single occupancy and are of adequate size and layout to accommodate a bedside locker and armchair. Bedrooms were personalised to various degrees with photographs and mementos, depending on each resident's preferences. Bedrooms had televisions with a basic suite of local television channels. Residents were supported to access satellite channels, should they so wish but they are liable for the costs associated with this service. Residents had good wardrobe space for storage and hanging their clothes.

The main sitting room is called the "Concourse", an area where all wings of the centre intersect. This is a large room containing a television and multiple armchairs. This area is scheduled for redecoration, as the current design and layout is somewhat institutional in appearance and does not reflect the homely ethos of the centre.

There is a large dining room and the adjacent lounge was also used for dining at mealtimes. All residents were seen to come to the dining rooms for meals and mealtimes were seen to be social occasions. The menu for lunch on the day of the inspection was homemade beef burgers or roast chicken. Meals appeared appetising

and residents confirmed that the food on offer was generally of a very high standard and they were happy with the variety of the menu.

During the morning walk around, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name in a friendly manner and asked residents how they were. Friendly and familiar conversations were heard throughout the day between staff and residents.

To gain an insight into life in the centre, the inspector spoke with residents and observed the daily routine. It was clearly evident that residents received a good standard of care from skilled and compassionate staff. The supportive model of care in place ensured that the independence and rights of the resident were promoted at all times.

Residents were observed mobilising independently around the centre and were encouraged to do so by staff. Some residents were seen to go for a walk in the garden but due to the cold weather, they did not remain outside for very long.

Residents spoken with were happy with the variety of activities on offer which included arts and crafts, bingo, and exercises. Prior to the COVID-19 pandemic, mass was held in the centre on a weekly basis but had been suspended as a consequence of restrictions associated with the pandemic. This was scheduled to recommence on the Saturday following this inspection and residents were looking forward to it. In the interim, mass was streamed to the centre via closed circuit television streams.

Interactions between staff and residents observed by the inspector indicated that staff had a good knowledge of each resident. Residents were seen coming and going from the various communal rooms throughout the day, and some spent some quiet time in their rooms. Many residents had mobile phones and were able to maintain good contact with family and friends. The inspector was informed that three residents had cars and were able to access the community independently. The person in charge had risk assessed all residents in relation to their level of compliance with restrictions when they were out in the local community and was satisfied that they complied with public health guidance.

Residents were knowledgeable of the COVID-19 restrictions and confirmed that despite the negative impact of the virus, they continued to have a good quality of life in the centre. Staff were seen to engage with residents in a positive and respectful manner. Independence was promoted and assistance provided when necessary. Residents with whom the inspector spoke were complimentary of all the staff in the centre. One resident that had just participated in art was seen to be in conversation with staff discussing the various artists and galleries they had visited. This resident told the inspector that staff were "wonderful" and was very happy living in the centre. Another resident told the inspector that he "could not praise staff enough" and also commented that the person in charge worked very hard to ensure all their needs were met.

Overall the inspector found that the centre provided a good quality of care to residents and very person centred interactions were seen between residents and

staff which were helpful, courteous and respectful.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered to residents.

## Capacity and capability

This centre has a strong management system in place, ensuring that the quality and safety of care is consistently monitored. The service promotes a rights-based approach to care where residents' independence is promoted, encouraged and facilitated. The centre has a history of very good compliance with the regulations. Some improvements were required in relation to records management and the submission of notifications.

Holy Ghost residential Home is a residential care setting operated by Holy Ghost Hospital Board of Trustees. Membership of the board comprises a number of volunteers. The centre is registered to accommodate 60 residents. There were 55 residents living in the centre on the day of the inspection.

The chairperson of the board is the registered provider representative. The person in charge works full time and is responsible for oversight of clinical issues. The secretary to the board is called a superintendent and is usually present in the centre for two days each week. The person in charge interacts with the superintendent on an almost daily basis and reports formally to the board at monthly board meetings. The person in charge is supported on site by an assistant manager, nurses, multi-task attendants, catering staff, and an administrator.

The centre is a low-dependency supported care home and is registered on the basis that the residents do not require full time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The dependency level of residents is monitored and when it is determined that care needs are beyond what can safely be provided in the home, residents are assisted in the process of finding more suitable accommodation, usually a nursing home.

This was an unannounced risk inspection which took place over one day, to monitor ongoing compliance with the regulations. The centre was in the process of submitting an application for the renewal of their registration, which is due for renewal in May 2022.

The inspector acknowledged the challenges of the past year, and the difficulties encountered by residents and staff during the pandemic restrictions. The centre had remained free of COVID-19 infection during this time. A comprehensive contingency and containment plan had been prepared and the centre was ready to implement

this should an outbreak occur.

The inspector found that there was sufficient staff rostered daily to meet the low-dependency needs of the residents. The person in charge provided nursing cover from 09:00 to 17:00 from Monday to Friday. There was a registered nurse on duty from 08:00 to 13:00 on Saturday and Sunday. There was also a nurse on duty overnight from 20:00 to 07:30. The nurse on night duty was supported by an MTA that worked at the beginning and end of the night shift and was available during the intervening period in the staff sleepover room, should they be required. A new nurse had been recruited to work three days each week in the centre to allow the person in charge additional time to complete tasks associated with her management role, such as audits.

All staff in the centre had received training appropriate to their individual roles through a combination of online and in-person training sessions. There was an ongoing training schedule in place to ensure all staff had relevant and up to date knowledge and skills. In addition to the mandatory training modules, staff were encouraged to complete various additional training courses including cardiopulmonary resuscitation and health and safety.

The centre had good systems in place to monitor the ongoing quality and safety of the care delivered to residents. The management team undertook a regular schedule of audits in addition to the monitoring of weekly key performance indicators (KPIs). The number of falls, pressure ulcers, chemical restraint, antibiotic usage were examples of the range of KPIs recorded. Due to the low dependency level of residents, incidents and accidents were not a regular occurrence, and the person in charge maintained clear records when incidents did occur. A review of the incident log, however, indicated that not all notifications required to be submitted to the Chief Inspector were submitted. This is further discussed in this report under Regulation 31: Notifications. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2020 was completed, with an action plan for the year ahead.

Complaints within the centre were at a minimum level. Residents meetings had been suspended during the pandemic and had just recently resumed. In the absence of these meetings the person in charge garnered feedback from residents on a one to one basis when updating each resident's assessments.

## Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience and qualifications specified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Residents were familiar with the person in charge and it was clearly evident from conversations with residents that they would have no problems in approaching the person in charge, should they have any complaints or require assistance with any



aspect of life in the centre.

Judgment: Compliant

### Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector indicated that current staffing levels and the skill-mix were adequate to meet the assessed needs of the residents.

Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with dignity and respect.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of the centre's training matrix identified that all staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety and people moving and handling. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE).

Staff were supervised in their roles by the person in charge, and in her absence by the assistant manager.

Judgment: Compliant

### Regulation 21: Records

A sample of four staff files viewed by the inspector were assessed against the requirements of schedule 2 of the regulations. Garda vetting was in place for all staff and the person in charge assured the inspector that nobody was recruited without satisfactory Garda vetting. Two of the files review contained gaps in employment for which a satisfactory explanation was not recorded.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The designated centre was operated on a voluntary basis with an established system of governance in place via a board of management. The board of directors oversee the organisational, financial and management of the centre. The board meet on a monthly basis and meetings had been taking place over video conferencing during the current pandemic.

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. Appropriate resources were allocated to meet residents' low dependency needs. There were systems in place to review the safety and quality of care and support to residents. The person in charge was collecting key performance indicators and issues were trended and fed back at the monthly board meetings. There was evidence that audits were carried out including audits of falls, hand hygiene audit and medication audit these were seen. An annual review of the quality and safety of care delivered to residents had taken place for 2020.

Judgment: Compliant

## Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

## Regulation 31: Notification of incidents

Improvements were required to ensure that all statutory notifications were submitted to the Chief Inspector in accordance with regulations. Notifications were not submitted in relation to the following:

- an incident resulting in a resident being transferred to hospital for investigation following a fall
- when residents were suspected to have COVID-19
- reported suspicions of financial abuse

Judgment: Not compliant

## Regulation 34: Complaints procedure

Residents told the inspector that if they had any complaints or concerns they would inform the person in charge and she would address their concerns promptly. There were no open complaints at the time of inspection.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Centre-specific policies and procedures relating to the matters set out in Schedule 5 of the regulations were in place. These were updated recently and reflected changing needs and issues relating to the current pandemic.

Judgment: Compliant

## Quality and safety

It was evident that this centre promoted a human rights-based approach to care, which was respectful and inclusive of the residents' views, opinions and choices. The well-being of the residents' was at the core of the service. However, improvements were required in relation to fire safety, infection prevention and control and care planning.

Residents' needs were being met through good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Many residents attended the GP practice in the community. Allied health and specialist services were also available when required. These included, dietetics, speech and language therapy, dental, chiropody and ophthalmology services. Most of these services were accessed through referral to community care.

Policies and procedures in relation to medication management were in place and the centre provided facilities for a number of residents to self medicate. A small number of residents held medications in a locked press in their bedrooms, while the medications for the other residents were held in the treatment room. Systems were in place to ensure that residents were compliant with their prescribed medication

regimen.

Improvements were required in relation to fire safety. The provider was requested to consult with a suitably qualified person in fire safety to ascertain the extent and boundaries of fire safety compartments. This assurance was provided to the inspector following the inspection and evacuation maps and fire zone maps were in the process of being updated to accurately reflect fire safety compartments. There was also a need to review the evacuation plan in the context of ensuring that residents were evacuated in a timely manner to a place of relative safety. Fire safety is discussed in more detail under Regulation 28 of this report.

Residents were assessed using validated tools and care plans were developed based on these assessments. While most care plans were personalised and provided good guidance on the care to be delivered, more detail was required in others. It was not clear from all care plans the impact of the progression of a disease process had on a resident's daily life. The person in charge stated that residents were monitored each day for any change in status that may indicate infection with the COVID-19 virus. However, this was not documented and the inspector was not assured that the process was adequately robust to ensure that each resident was assessed on a daily basis.

The location, design and layout of the centre was suitable to meet the individual and collective needs of the resident profile and was in keeping with the centre's statement of purpose. Alcohol hand rub was readily available throughout the centre and staff were observed to comply with good hand hygiene practices. Staff at the centre completed hand hygiene training and donning and doffing of PPE every six months. Staff had access to personal protective equipment, however, improvements were required in relation to the wearing of face masks.

The centre had a good approach to risk management. There was a proactive system in place for the continued maintenance and upkeep of the centre, its equipment and the grounds. There was a comprehensive risk register in place which detailed various risks, both clinically and environmentally. Risks were seen to be well controlled and reviewed regularly. The centre's COVID-19 contingency plan identified which areas of the centre were to be used to isolate and cohort residents. There was a robust procedure in place for the daily cleaning of the centre. A new flat mopping system had been introduced since the last inspection to minimize the risk of cross contamination associated with the previous mops.

The privacy, dignity, choice and independence of residents was safeguarded. Residents were cared for in a respectful and supportive manner that promoted the rights and abilities of each resident.

## Regulation 11: Visits

Visiting was taking place in accordance with current guidance issued by the Health Protection and Surveillance Centre. All residents had private rooms and there were

adequate facilities for residents to receive visits away from their bedrooms should they so wish. Visitors were risk assessed prior to entering the centre, which included ascertaining their current COVID-19 vaccination status.

Judgment: Compliant

### Regulation 17: Premises

The centre was generally bright and clean and was designed and laid out to meet the assessed needs of the residents and was in keeping with the centre's statement of purpose. There was adequate outdoor, communal and sanitary facilities to meet the needs of residents living in the centre.

In addition to the main sitting room, there was a library that was well stocked with a variety of reading material. There was a chapel that was suitably ornate.

All bedrooms seen by the inspector were spacious and brightly decorated with residents personal possessions and had suitable storage facilities. Based on the observations of the inspector and a review of floor plans and the Statement of Purpose, all bedrooms met the minimum requirements set out in SI 293 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. All residents' bedrooms had en suite shower and toilet facilities. Residents had access to an enclosed garden that had sufficient seating to accommodate residents needs.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up-to-date risk management policy which detailed the five specific risks as required by the regulation. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

The centre's risk register was well maintained with environmental and clinical risks identified and assessed, and measures and actions in place to control the risks.

Judgment: Compliant

### Regulation 27: Infection control

Improvements were found to be necessary to ensure that infection prevention and

control in the centre reflected the National Standards and COVID-19 prevention and control guidance provided by the Health Protection and Surveillance Centre (HPSC) as follows:

- three different staff were observed to either not wear a face mask or had the mask under their chin
- cleaning equipment, such as laundered flat mops and PPE were stored in a room that contained a bedpan washer. This could result in cross contamination between clean and soiled items.

Judgment: Not compliant

## Regulation 28: Fire precautions

Improvements were required in relation to fire safety. These included:

- the main block of the building contained 25 bedrooms and while it was sub-divided with fire doors, it was not clear if this block comprised one fire compartment or three compartments. The provider was requested to ascertain the extent and boundaries of all fire compartments within the centre. A fire drill had been conducted in May of 2021, involving the evacuation of all residents within this block, and all residents had been evacuated in a timely manner. Nevertheless, it was incumbent on the provider to ascertain the boundaries of the fire compartments to support their evacuation strategy
- records of fire drills and discussions with staff indicated that the evacuation strategy involved evacuating residents to an assembly point outside of the premises. Horizontal evacuation to an adjacent compartment, in the first instance, could allow for a more speedy evacuation of residents to a place of relevant safety
- the most recent fire drill was conducted in May 2021 and not all staff had participated in a fire drill. In addition to the need for more frequent fire drills, there was a need to vary the location of drills to support the speedy evacuation of residents in the event of a fire from all parts of the centre
- there was not a system in place for the daily, weekly and monthly monitoring of fire safety within the centre. For example, the fire alarm was not tested weekly and there was no documented daily check of the fire alarm panel to ensure it was functioning appropriately
- the door to the chapel was wedged open, which is not in accordance with relevant guidance on fire safety
- the door to the treatment room was marked as a fire door. The door had been halved so that the top half and bottom half of the door could be opened and closed independently. Assurances are required that the integrity of the fire door has not been compromised by this action and that it can still function in accordance with the manufacturers warranty.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Some improvements were required in relation to assessment and care planning. These included:

- there was a not a documented systematic approach to monitoring residents for early signs and symptoms of COVID-19 to ensure that adequate measures were put in place at the earliest opportunity to minimise the risk of a substantial outbreak
- some care plans required more detail, for example, the impact on the daily activities of a resident as a result of a progressive eye disease
- residents that sustained un-witnessed falls did not have neurological observations recorded to ascertain if they had sustained a head injury

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to a GP of their choice in the local area. There was evidence of frequent GP reviews and appropriate referrals to allied health professionals such as physiotherapy, chiropody and optical services. Where recommendations were made they were implemented and updated in residents' care plans.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were no residents in the centre presenting with responsive behaviour. There were no residents using bed rails in the centre.

Judgment: Compliant

### Regulation 8: Protection

All residents spoken with stated that they felt safe in the centre. All interactions by

staff with residents were seen to be courteous and respectful. The provider is not pension agent for any residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that opportunities for residents to participate in meaningful group and individual activities were facilitated by appropriately experienced staff. The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to exercise choice in how they led their daily lives. Residents had unrestricted access to television, radio, newspapers and telephones.

Judgment: Compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Holy Ghost Residential Home OSV-0000591

Inspection ID: MON-0034631

Date of inspection: 23/11/2021

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff files will be re- checked and gaps in employment will be recorded. All staff files will comply with the regulatory requirements	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Following any treatment, interventions and actions of any required issues, incidents and accidents the PIC will ensure that the appropriate NF statutory notifications are submitted to HIQA within the designated time frames in compliance with regulations.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All staff will wear their masks appropriately and at all times as per the infection control policy. Daily on the spot checking will be carried out by the Assistant Manager / Nurse on duty.  The cleaning equipment has been removed from the sluice room and is now stored in a	

separate cleaning store area to prevent any risk of cross contamination in compliance with HPSC guidelines and regulations.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The provider has ascertained the boundaries of the fire compartments to support the evacuation strategy. The drawings outlining the compartments and zones will be displayed throughout the building to ensure clarity to all living, working and visiting in the Home
- Fire drills will be carried out through horizontal evacuation in line with the 10 compartments (holding areas) with one compartment between the fire area and safety to allow for more speedy evacuation
- Additional fire drills will be conducted to ensure all staff have participated. At the practice drills the source of fire will be varied to ensure understanding of a speedier evacuation
- The provider will ensure daily, weekly and monthly monitoring of fire safety in the home. This duty will be delegated to nominated staff member and documented. The superintendent to the board will check this practice weekly to ensure fire safety regulations are complied with
- All fire doors will be kept closed and no wedges used in line with Health & Safety policy + fire safety.
- The treatment room door will be replaced with a full fire door in line with fire safety regulations. These improvements will be made in compliance with the regulations

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

In addition to the daily monitoring in Residents individual Care Plans a daily temp and health status document in relation to Covid 19 signs/symptoms is now completed for each individual resident by Carer / Nurse on duty

A more detailed plan in consultation with each resident will be included in the resident's problem ID identification sheets in the individualized care plans demonstrating the impact on their activities as a result of any progressive disease's and action plan interventions in line with regulations

Neurological observations will be recorded in the resident's care plan+ accident book following any unwitnessed fall as per the protocol here in the Holy Ghost Home and in line with regulations. This will be checked on monthly audits by the PIC or as required to ensure compliance

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	03/12/2021
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	Orange	03/12/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	03/12/2021

Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre 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.	Not Compliant	Orange	31/01/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	17/01/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1)	Not Compliant	Orange	03/12/2021

	(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.			
Regulation 5(4)	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.	Substantially Compliant	Yellow	03/12/2021