



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Moorehall Lodge Ardee
Name of provider:	Moorehall Living Limited
Address of centre:	Hale Street, Ardee, Louth
Type of inspection:	Unannounced
Date of inspection:	05 March 2019
Centre ID:	OSV-0000147
Fieldwork ID:	MON-0026595

About the designated centre

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

The designated centre provides twenty-four hour support and nursing care to 81 male and female older persons, requiring both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite) care. The philosophy of care adopted is the "Butterfly Model" which emphasises creating an environment and culture which focuses on quality of life, breaking down institutional barriers and task driven care, while promoting the principle that feelings matter most therefore the emphasis on relationships forming the core approach. The 'household model' has been developed to deliver care and services in accordance with the philosophy.

The designated centre is a purpose-built one storey building and is situated in a retirement village which forms part of the local community. It is divided into four households; Anam Chara, Setanta, Cois Abhainn and Suaimhneas which is a specialist Alzheimer's and dementia specific service. Each household has its own front door, kitchen, open plan sitting and dining room.

The following information outlines some additional data on this centre.

Current registration end date:	14/02/2022
Number of residents on the date of inspection:	80

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
05 March 2019	10:00hrs to 17:30hrs	Siobhan Kennedy	Lead
06 March 2019	09:30hrs to 17:00hrs	Siobhan Kennedy	Lead
05 March 2019	10:00hrs to 17:30hrs	Manuela Cristea	Support
06 March 2019	09:30hrs to 17:00hrs	Manuela Cristea	Support

Views of people who use the service

Residents who communicated with the inspectors described their daily routines, activity plans and interactions with the community and staff. They were positive with regard to the control they had in their daily lives and the choices that they could make. The residents expressed satisfaction regarding food and mealtimes, their accommodation and in particular, residents were highly complimentary with the support and assistance provided by management and staff. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre. Some residents suggested that the bedroom space was limiting.

Capacity and capability

This was a good centre. There was a pleasant atmosphere and residents and staff interacted well. However, improvements were required regarding ensuring appropriate monitoring systems were in place to ensure effective services were provided for residents particularly in the areas of provision of opportunities for meaningful engagement, premises and risk management.

The management and governance of the centre was being directed by a team of dedicated and committed members of staff who facilitated the inspection process. The full-time person in charge had good experience of the provision of residential care to older persons and provided good leadership to the team. The nominated person who was available in the absence of the person in charge also was knowledgeable regarding her role, management of the centre and care and condition of residents. The registered provider representative (RPR) was available throughout the inspection.

An annual review report for 2018 was available, prepared in consultation with residents and had a quality improvement plan. This covered a range of areas, for example, admission and discharge of residents, workforce, prevention of falls and restrictive procedures.

The residential service had a publicly available statement of purpose that described the services provided.

At the commencement of the inspection, management informed the inspectors that they were reviewing and focusing on the workforce and the environment. During 2018, there was a recruitment drive to employ staff nurses, carers and housekeeping staff (approximately 25 staff). At the time of this inspection, staff

vacancies were primarily care staff but staff were being recruited and core and relief staff worked additional hours to cover shifts. Inspectors noted that all residents did not have the opportunity to participate in activities in accordance with their interests and capacities (see section Quality and Safety, regulation 9 for details), however, from information provided by staff, residents, relatives and a review of staffing documentation, inspectors could not correlate that this was because of insufficient staff numbers.

The on-going audit system in place for monitoring performance and ensuring that the service delivery was not sufficiently robust. (See section Quality and Safety, regulation 5 and 29 for details). Inspectors found that the turnover of staff negatively impacted on implementing consistent practices.

Recruitment was in compliance with requirements in legislation. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. There was an on-going training programme in place and staff were knowledgeable and skilled for example in fire safety procedures and safe moving and handling of residents.

The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process. The complaints record showed that complainants were satisfied with the outcome of investigations. Appropriate notifications were received by the Office of the Chief Inspector. Information governance arrangements in the main were satisfactory but insecure record-keeping was noted. see Regulation 21 for action plan.

Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who had authority in consultation with the RPR and is accountable and responsible for the provision of the service.

She has been employed at the centre since its opening. She demonstrated that she was familiar with the statutory responsibilities of the person in charge, had good knowledge of the legislation and standards and was familiar with residents' care needs.

Staff, residents and relatives conveyed that the person in charge was approachable and available whenever they needed to talk to her or to relay information.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents. Staffing numbers consisted of two senior managers, 22 staff nurses 62 carers, 7 homemakers, a recreation coordinator and support staff including housekeeping, catering, financial, human resources, and maintenance staff. Each of the households had an individual roster identifying care assistants and homemakers. There were separate rosters which identified staff nurses, relief staff and catering, housekeeping and laundry staff. The night staff nurse who is a point of contact if an emergency arises out of hours was identified. Care staff had responsibility for delivering the social and recreational programmes. The recreational coordinator was part time but was not rostered during the week of the inspection. Homemakers were responsible for creating a homely environment through normal daily kitchen activities and providing a warm welcome to all who pass through. Inspectors noted that one homemaker had responsibility for 34 residents throughout the day and in the evening time a staff nurse was responsible for the clinical needs of the same number of residents.

At the time of the inspection there were no staff nurse vacancy but one staff nurse was on leave. There was one full time care post vacant and three care staff on leave. There were two full time vacant housekeeping positions and one long term absence. From discussions with the human resources personnel these positions were being covered by current staff and recruitment was on-going.

Staff told the inspectors that there were good supports available to them and there was good staff morale.

Judgment: Compliant

Regulation 16: Training and staff development

The company has a rolling training programme and the records showed that staff had participated in up to date mandatory training for example fire safety, moving and handling, responsive behaviours and safeguarding vulnerable persons. The staff also had access to a range of education appropriate to their roles and responsibilities, for example dementia care, butterfly model of care, induction training and restraint.

Staff confirmed that they were supported to carry out their work by the RPR and the person in charge. They were well informed and knowledgeable of their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

Samples of documents required to be held in respect of staff regarding the person's identity, vetting disclosure, relevant qualifications, registration details, employment history and references were available for inspection and were found to be satisfactory.

Inspectors noted that records were not kept securely.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had sufficient resources. There was a clearly defined management structure with identified lines of accountability and responsibility for the service so that all staff working in the service were aware of their responsibilities and to whom they work accountable.

Inspectors found that some management system in place (particularly audits of the quality of service in relation to medication, care planning and restraint) did not ensure that the service provided was fully monitored, effective and safe.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care had been agreed on admission highlighting the terms on which residents reside, services to be provided, room occupancy and the fees charged. Contracts were being reviewed in light of the recent change of entity.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the facilities and services and was in accordance with the legalisation.

Judgment: Compliant

Regulation 34: Complaints procedure

Policy/procedures were in place regarding the management of complaints and it met the requirements of the regulations. This procedure in leaflet format was on display. There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy. Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate. A record of complaints was maintained. This outlined the investigation, action taken, whether the complaint was resolved or otherwise and whether the complainant was satisfied or not.

Judgment: Compliant

Quality and safety

The medical needs of residents were met, residents were protected from harm and felt safe in the centre, their rights were respected and individual care plans for all residents were available. However care planning arrangements in accordance with the regulatory requirements were not consistently implemented in each of the households. The centre's philosophy of care, the butterfly model was not fully practised therefore all residents did not have opportunities for fulfilment. Improvements were required regarding respecting the privacy and dignity of individual residents sharing accommodation and a single bedroom was observed to be insufficient to meet residents' needs.

Staff liaised with the community services regarding appropriate admission and discharge arrangements and thereafter residents were referred to the community allied health professionals if necessary and received appropriate care.

In some of the households, the care planning process was fully implemented and records were well maintained. This included appropriate assessment, treatment plans, reviews/reassessment and in consultation with residents and their family. They reflected residents' changing needs and outlined the supports required to maximise the quality of their lives in accordance with their wishes. In other households the assessment and review processes were insufficient to deliver good quality care.

Comprehensive policies and procedures regarding the management of medicines were available and when fully implemented practices were observed to be safe, however, systems/practices were inconsistent between households with the result being the administration of some medicines was not in accordance with relevant

legislation and guidance. The auditing of medicines related primarily to the pharmacy processes as opposed to the designated centres policies and procedures.

Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience.

End of life care was based on residents' assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity.

The inspectors observed that residents exercised their choice with regard to bedtimes, clothing and meals had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives. There was evidence that residents were facilitated to make informed decisions about their financial affairs and had access to an independent advocate.

All residents did not have opportunities to participate in meaningful activities in accordance with their interests, abilities and capacities. The group social and recreational programme was relevant and meaningful to some residents but inspectors observed many periods whereby residents were not engaged or offered opportunities to participate in activities to promote their physical, mental health and social well-being.

The residential service was homely and accessible. Residents were informed and encouraged to bring in personal mementos, souvenirs and photographs. The design and layout of the residential service was suitable for its stated purpose with the exception that the shared accommodation did not meet the privacy and dignity of each resident's assessed needs and a single room did not provide adequate physical space to meet the individual assessed needs of the resident.

Robust policies and supporting procedures were implemented that ensured residents were protected from abuse. The inspectors were informed that all staff were Garda vetted and a sample of staff files randomly selected confirmed this information.

The residential service arrangements in place to manage risk were not sufficiently robust as hazards had not been identified and measures put in place to minimise/control the risks. Procedures consistent with infection prevention and control standards were not implemented by staff.

Regulation 13: End of life

End of life care provided met the residents' needs. There was evidence of family involvement with the resident's consent and a person-centred approach to end of life care was noted. Where decisions had been made in relation to advance care directives, such decisions were recorded and staff were knowledgeable about

residents' resuscitation status.

Judgment: Compliant

Regulation 17: Premises

The centre is divided into four households; Anam Chara, caters for 29 residents, Suaimhneas comprising of 18 beds is the specialist Alzheimer's and dementia specific home and Setanta and Cois Abhainn accommodates 18 and 16 residents respectively. These two households also accommodated residents with dementia related conditions. Each have a front door entrance, domestic style kitchen, open plan sitting and dining room except Setanta and Cois Abhainn which share a domestic style kitchen. The centre also contained a main kitchen and laundry.

The communal areas of each household were designed for residents' convenience and comfort and built on the principals of a home with the hub of each of the houses being the living/dining area with a kitchenette. These areas were safe and comfortable. The homemaker was available to residents to make tea and snacks at any time. There was a snug corner where a nursery space had been created with rocking chairs, cots and baby prams for doll therapy. The households were well decorated and enriched with 'household items' to provide a focus for stimulation, engagement and chat.

Throughout the households and in the main reception area there were alcoves and corners set as quiet spaces and corridors for residents to walk freely. Facilities available were hair dressing salon, oratory, visitors' room, smoking facilities and meeting areas.

Residents were accommodated in single and twin bedrooms. Residents had access to enclosed courtyards.

Bedroom accommodation and sanitary facilities consisted of the following:

Anam Chara: 18 single full en suite bedrooms 5 single not en suite and 3 twin bedrooms not en suite, 3 bathrooms and 1 toilet.

Suaimhneas: 18 single bedrooms not en suite and 2 bathrooms and 2 toilets.

Setanta 8 single bedrooms not en suite, 8 single full en suite bedrooms, 1 twin bedroom not en suite , 1 bathroom and 1 toilet/shower

Cois Abhainn 12 single full en suite bedrooms 2 twin bedrooms not en suite , 1 bathroom and 1 toilet.

Inspectors saw that there was insufficient space in a single bedroom to meet the needs of the resident as the resident's personalised chair had to be taken out of the

bedroom to make room to operate a hoist.

The layout of the twin bedrooms necessitated one resident encroaching on the other resident's personal space to access the wash hand basin and in some instances this could only be achieved by moving other items of furniture.

Inspectors saw that in some of the shared bedroom accommodation it was difficult to access the wardrobe and in some cases this could only be done by moving the bed. There was insufficient screening in some of the twin bedrooms.

In the twin rooms the television could only be viewed by one resident and in some of the single bedrooms the television was located behind the resident as the resident lay in bed.

There was a lack of storage, with a hoist and other items of furniture being stored in residents' bedrooms and toilet/shower facilities were storing linen trolleys.

Inspectors noted that floor coverings were damaged in certain areas. The RPR informed the inspectors that this work was rescheduled to take place on the 11 March 2019.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained the requirements of the regulation.

The risk register was not kept up to date and under review by the management team as the following risks were found on inspection:

- An electric extension lead was being used in one resident's bedroom and the electrical leads from a couple of pieces of equipment posed a hazard.
- Access to the en suite facility was blocked by furniture.
- The evacuation plan for a resident whose medical condition had deteriorated had not been updated in respect of the staff assistance required in the event of an emergency situation.

- The majority of evacuation sheets under mattress were entangled and therefore may unnecessarily delay an evacuation in the event of an emergency.
- A resident's bedroom door was held open using a foot stool which would prevent closure in the event of an emergency
- Curtains hung at a final fire exit would impede a timely evacuation in an emergency.
- A toilet facility did not have a lock to ensure privacy.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The administration of some medicines was not in accordance with relevant legislation and guidance, for examples there were errors noted in the medicine administration records in respect of signatures and time of administration stating "early morning" as opposed to the actual time.

Safe storage arrangements were in place The centre was using a sachet packaging system of prepacked medicines by the pharmacist.

Medicines that required special control measures were appropriately managed and kept securely in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors noted that there were inconsistent practices in relation to the care planning process and practices between the households in the designated centre. For example, some care plan assessment and formal reviews were not carried out every four months in accordance with the legislation. In one instance, a restrictive practice had not been assessed in a seven month period and in another instance a risk assessment had not been reviewed/revised in a one year period.

Information contained in some of the individual care plans was generic and not person centred.

Daily progress notes completed in respect of some residents did not reflect the residents' assessment of needs and objectives of care/treatment plans.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate medical and health care was provided. Inspectors found that the health needs of residents were met.

There was evidence that residents were seen regularly by their General Practitioner (GP). Residents were facilitated to attend specialist medical appointments and allied health professional services were available such as occupational and physiotherapy, dietetics, wound care and speech and language therapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties. Staff had received training in responsive behaviours and caring for older people with cognitive impairment or dementia.

Inspectors observed less restrictive alternatives to bed rails such as low low beds and crash mats but highlighted the need for improvements in the following areas:

- Some assessments were not up to date.
- Reassessments of the continued need for bed rails.
- Alternatives trialled had not been identified in respect of where restraint was being used.

Judgment: Substantially compliant

Regulation 8: Protection

Policies and procedures were fully implemented to protect residents from abuse.

Staff members who communicated with the inspectors were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. Some residents told inspectors that they felt safe in

the centre. From ongoing correspondence with the Office of the Chief Inspector, it was evident that safeguarding investigations were comprehensive and protected residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with and had opportunities to participate in the organisation of the centre. Residents were supported to exercise their choices as much as possible. The inspectors observed that residents were well dressed and personal hygiene and grooming was attended to by care staff. Staff interacted with residents in a courteous manner and residents' privacy was respected as staff knocked on the residents' bedroom doors prior to entering.

The social needs of the residents were delivered by the care assistants. Over the two days of the inspection inspectors saw periods of limited engagement and good engagement but some residents were not provided/supported with social and recreational activities in accordance with their capacity and capabilities.

Documentation highlighted an extensive range of activities to encourage residents to carry on with existing hobbies and/or to explore new pursuits so as to live full lives, for example, bingo, arts and crafts, games, performing groups, weekly mass with local clergy, pastoral care, films and outings. The butterfly model whereby staff encourages the residents to take part in household activities in order to enjoy the pleasures of home life in a supervised safe environment and seizing a moment to connect and engage residents was rarely observed.

One of the inspectors spent a 35 minute period observing staff interactions with residents. A validated observational tool (the quality of interactions schedule (QUIS)) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place in the dementia specific unit. The result was predominantly task orientated and neutral care. There was one 5 minute slot which scored +2 indicating positive and connective interactions with a staff member engaging the residents with eye contact, gentle touch, humour and chat making residents feel relaxed, engaged and active participants.

Staff provided a hand massage to a resident with very little communication. The television was on or music was playing in the background.

The inspectors did observe a sing song session led by a musician and saw residents express happiness. Other residents were happy with the pet therapy.

Judgment: Not compliant

Regulation 27: Infection control

The following infection prevention and control issues were noted:

- There was no sluicing facility in Setanta which necessitated staff using the facilities in the adjoining household, Cois Abhainn. Staff discarded the waste and washed equipment in the bath/shower room before bringing it to the sluicing facilities to be disinfected which was not in line it good practice.
- There was limited space, in one of the sluice rooms as it was being used for storing items and clean linen trolleys. The wash hand basin was also not accessible.
- Adjacent to one of the sluice areas was an open space storing a hoist and slings which compromised infection control.
- Hand sanitisers were not operating satisfactorily or were not filled over the two days of inspection.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 27: Infection control	Not compliant

Compliance Plan for Moorehall Lodge Ardee OSV-0000147

Inspection ID: MON-0026595

Date of inspection: 05/03/2019

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
<p>Outline how you are going to come into compliance with Regulation 21: Records: Records: From the date of the inspection, all record storage areas checked daily to ensure they are secure. Completed on the 6/03/19 and ongoing. MHLA is implementing an electronic care record system which means that current and active care records are secured electronically. To be completed by 31/07/2019.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Governance and management: A review of our governance and management system was completed on 29/03/19. As a result the following were put in place, refocused and strengthened:</p> <ol style="list-style-type: none"> 1. Centre specific monthly governance meeting chaired by the Registered Provider Representative and including the PIC, Care Manager & Household leads as required. The focus is on risk management, audits, performance reporting & KPI's and quality. In place from the 3/04/2019 2. The monthly management plan is reviewed in this meeting and includes monitoring of the following areas: Observational audits, audits of the management of medications, assessment and care planning, infection control, risk management and management 	

actions set out and agreed as required. In place from the 3/04/2019

3. Implementation of electronic system will allow for more effective monitoring of governance performance. Install of new system to be completed by 31/07/2019.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Premises:

A review of the physical environment of centre was undertaken on the 19/03/2019 and on the 2/04/2019. The purpose of this review was to resolve the issues identified during the inspection including twin rooms and storage space. A project plan to address these issues has been submitted separately with a completion date of 31/06/2019.

Regulation 26: Risk management	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:
Risk management:

We reviewed our approach to risk management within the centre which was completed on 29/03/19. From this review the following are now in place:

Monthly governance meeting to review risk assessments, incidents and risk register
We are proactively identifying environmental risks which are household specific by undertaking health & safety checks of the centre to feed outcomes into the monthly governance meeting.

Monthly audits to monitor operational risks including observations of practices, medication management, infection control, manual handling, fire prevention & management including personal evacuation plans and evacuation equipment.

All of the issues highlighted during the inspection and outlined in this report relating to Regulation 26 were actioned by the 6/03/2019 and will be kept under review on a monthly basis.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Medicines and pharmaceutical services:</p> <p>A review of medication kerdex's was undertaken and staff nurses met to ensure implementation of consistency and accuracy of the timing of when medications are actually administered. Completed on 5/03/2019</p> <p>In addition we already met with our pharmacy provder on the 19/02/2019 prior to the inspection and again on the 25/03/2019 to review our current approach to medication management. As a result of these discussions we agreed to implement a medication management module forming part of our electronic care record . This new electronic system will facilitate efficient audit cycles, enable consistency of practices and accuracy of documentation. To be completed 31/07/2019</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Individual assessment and care plan:</p> <p>Audit of all care plans by 31 Assessments & care plan formal reviews being prioritized during March/April/May to ensure they reflect the resident's current needs. Staff nurse supervision includes focus on daily progress notes completion to reflect the residents' assessment of needs and objectives of care/treatment plans. Rolling out of electronic care records in the centre by the 31/08/2019. Electronic records solution will allow for efficient audit and levels of compliance.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Managing behaviour that is challenging: Restrive practice register reviewed on 10/03/2019 and is reviewed and signed by the PIC on a daily basis. Audit and review of restrictive practices undertaken on 7/03/2019 with a focus on identifying gaps in documentation including bedrail risk assessments.</p>	

Care plans now detail alternatives which were tried. Completed 7/03/2019 and ongoing.	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents' rights:</p> <p>Observational audits using QUIS audit tool undertaken and feedback given to teams on 21/03/2019. This audit will be undertaken monthly and outcomes reviewed in Monthly Governance Meeting.</p> <p>Social and recreation audited completed on 24/03/2019 and quarterly thereafter and reviewed in monthly Governance Meeting.</p> <p>Lived experience interviews with residents being completed on a monthly with outcomes feedback into monthly Governance meeting.</p> <p>Training needs identified and training to be completed 31/05/2019.</p> <p>Enhanced supervision undertaken by PIC and Care Manager in place with a focus on social interaction and meaningful social activities for all residents. Ongoing.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Infection control:</p> <p>A review of the physical environment of centre was undertaken on the 19/03/2019 and on the 2/04/2019. The purpose of this review was to resolve the issues identified during the inspection including sluicing facilities & storage in Setanta, Cois Abhainn and Suaimhneas. A project plan to address these issues has been submitted separately with a completion date of 31/06/2019.</p> <p>Faulty hand sanisters replaced on 7/03/2019. Housekeeping checking on a daily basis and currently reviewing the dispensing system with supplier.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2019
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/07/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2019
Regulation	The registered	Not Compliant	Orange	06/03/2019

26(1)(a)	provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	06/03/2019
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	30/06/2019
Regulation 29(5)	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	Substantially Compliant	Yellow	31/07/2019

	provided by that resident's pharmacist regarding the appropriate use of the product.			
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		31/08/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	07/03/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/05/2019