



Report of an inspection of a Designated Centre for Older People

| | |
|----------------------------|-------------------------------------|
| Name of designated centre: | Willowbrook Lodge |
| Name of provider: | NSK Healthcare Limited |
| Address of centre: | Mocklershill, Fethard, Tipperary |
| Type of inspection: | Announced |
| Date of inspection: | 23 October 2018 |
| Centre ID: | OSV-0000302 |
| Fieldwork ID: | MON-0022237 |

About the designated centre

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

Willowbrook Lodge is located just three miles from Cashel on the Fethard Road. The centre is a two storey, purpose built facility with accommodation for 26 residents. There is accommodation for nine residents on the ground floor and 17 residents on the first floor. Accommodation comprises 10 single bedrooms, five twin rooms and a three bedded room on each floor. Some rooms have en suite facilities. There are communal rooms are mainly on the ground floor and there is a large communal room on the first floor which offers vistas of the surrounding countryside. The service caters for the health and social care needs of residents both female and male, aged 18 years and over. Willowbrook Lodge provides long term care, dementia care, respite care, convalescent care and general care in the range of dependencies low / medium / high and maximum. The service provides 24-hour nursing care.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 23 |
|--|----|

How we inspect

To prepare for this inspection the inspector or 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 |
|-----------------|----------------------|----------------|------|
| 23 October 2018 | 09:00hrs to 17:30hrs | Leanne Crowe | Lead |
| 23 October 2018 | 08:00hrs to 17:30hrs | Mary O'Donnell | Lead |

Views of people who use the service

Residents were positive about the care and support they receive in the centre. Some residents who had been on respite before moving to live permanently in the centre were delighted when a place became available for them in the centre. Others lamented the fact that their health was declining and they had to leave their home and move into residential care. One lady said "When my time came, I knew this was the place for me". All the residents spoken with praised the staff for their kindness and caring attitudes; stating: "Staff are not rushed and have time to talk to you". Inspectors were told of the wide range of choice that was offered in relation to how people wished to spend their day, when they got up and retired and menu options. Residents appreciated the fact that their rights were respected. Residents felt their privacy and dignity was respected, with staff being courteous, and always asking ahead of entering bedrooms or delivering any support required. They could participate in group activities in the day room or engage in more solitary pursuits such as reading, crosswords or jigsaws in the quiet room upstairs. The layout of the communal rooms facilitated residents to chat and engage socially with each other. They were pleased that there was no additional charge for activities and they had access to daily and local newspapers. Staff had time to engage socially with them and a visiting musician was very popular. Residents were satisfied with hairdressing and laundry services. They were satisfied with arrangements to access medical and allied health professionals. Residents reported that they felt safe in the centre. Links with family and the local community were supported with open visiting and residents regularly visited relatives in the community or took a trip to their homes, where they lived prior to moving into the centre. Wheelchair transport was available to residents as required. One resident met up with neighbours and friends at the local day care centre. Residents had access to wireless internet and one resident was especially pleased that she could use her tablet to watch films or television, and to communicate online with her children and grandchildren who lived abroad.

Capacity and capability

There was an established governance system in place. The management team had clear roles and responsibilities and worked to achieve high levels of compliance with the regulations and standards. The provider representative and the person in charge were responsible for the day-to-day operational management of centre. The provider representative worked in the centre on a daily basis and had an intimate knowledge of the service and knew the residents and their families well. The centre was adequately resourced with staff who had the knowledge and skills to meet the needs of the residents. The care and services were found to be in line with the

centre's statement of purpose. Each resident had a signed contract of care on file, but more detail was required about the type of bedroom accommodation provided.

The person in charge was an experienced nurse who was actively engaged in the governance and operational management of the centre. Regular management meetings were held and audits were carried out to monitor the standard of care. Action plans were developed and completed to promote service improvements. Data was gathered on key performance indicators such as restraint use and accidents and incidents. Systems to monitor the quality and safety of care could be strengthened if this data was analysed to monitor trends. An annual review for 2018 was completed and available to residents. Residents were protected by safe recruitment practices. All staff and volunteers were vetted by An Garda Síochána (police).

Sufficient competent staff were employed to support residents with activities of daily living, such as getting up and dressed, having a wash, taking meals, participating in meaningful occupations and engaging socially with residents. All staff including catering staff attended a daily handover to ensure that all relevant information about residents was shared. Inspectors observed positive interactions between residents and the staff, and found that care was being delivered in line with residents' care plans. Staff spoken with confirmed they had good access to training and the culture of care in the centre enabled them to implement person-centred care. Records indicated that all staff had mandatory training in moving and handling practices, fire safety and the prevention, detection and response to abuse. Staff had also completed courses such as continence promotion, falls prevention, infection control and supporting people with swallowing difficulties.

When speaking with residents, and where appropriate with their families, inspectors were assured that they were aware of the complaints process and who to speak to if they wanted to raise any issues. Information about who to contact in relation to complaints in communal areas was displayed clearly in the building and was featured in the residents' guide. The policy also had information on what to do if a complainant was not satisfied with the outcome of their complaint. Verbal complaints were logged and complaints were analysed and used to inform service improvements. Inspectors followed up on information about concerns regarding communication and medication issues. The relevant regulations were found to be compliant and substantially compliant on this inspection.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration of this designated centre to the Chief Inspector. This was signed and dated by the provider representative and contained all of the information required by the regulations. The fee for the application to renew registration, together with the statement of purpose and floor plans of the centre, were also submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is an experienced nurse who works full-time and fulfilled the criteria required by the regulations in terms of qualifications. She maintained her clinical skills and engaged in ongoing professional development.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to the needs of residents. There was at least one nurse on duty at all times, which was appropriate given dependency of the residents and the layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training was regularly delivered to ensure that all staff had attended training and training updates. Additional training was provided to support staff to meet residents' clinical needs. For example staff had completed training in dysphasia, continence promotion, cardiopulmonary resuscitation (CPR) and infection control.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained and contained all of the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 of the regulations were kept in the centre and available for inspection. However, some improvement was required to ensure that drug administration records consistently indicated if a resident had taken or refused prescribed nutritional supplements.

Records were stored safely and were easily retrieved. The centre had a policy which set out the period for retention of records in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, and all staff understood their roles and responsibilities. There were arrangements in place to oversee the running of the centre and to respond to any issues that arose. Systems for improvement included regular audits and reviews of practice in the centre, with clear action plans in place to address any issues identified.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There was a contract in place that set out the terms of residents' accommodation in the centre. However, it did not specify if the bedroom to be occupied was a single, twin or a triple bedroom.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the ethos and aims of the centre. It contained all the matters required by Schedule 1 of the regulations, and had been revised to reflect the new governance structure.

Judgment: Compliant

Regulation 30: Volunteers

People who attended the centre on a voluntary basis were appropriately vetted and had their roles and responsibilities set out in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge submitted notifications to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 32: Notification of absence

The provider and person in charge were aware of the legal requirement to notify the Chief Inspector of incidents occurring in the centre. To date all relevant incidents had been appropriately notified to HIQA.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. Information regarding the procedure was displayed clearly throughout the centre, and residents and relatives who met inspectors were knowledgeable of this procedure. All complaints submitted had been investigated and actions were taken to make improvements if identified.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies were in place and there was a system to ensure they were regularly reviewed.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were encouraged and facilitated to optimise their quality of life in the centre and to continue to enjoy their independence. Residents' individual routines were promoted and respected by staff. Residents' input was sought regarding the running of the centre, and it was clear that residents' feedback was used to improve the service provided. Residents' privacy and dignity was respected by staff and efforts were made to ensure that any care provided to residents was done in a sensitive and discreet manner and with the permission of residents. Staff were observed to be kind and caring in their interactions with residents, and communicated with residents in line with their care needs.

Residents had access to meaningful activities, both in a group setting and on a one-to-one basis. These activities were carried out by care staff, in line with the interests and capabilities of residents.

Residents' nursing needs were met to a high standard in practice, and these were supported by detailed care plans. However, care planning needed to be more robust to ensure they reflect residents' changing needs and specialist advice. Care plans were in place to ensure that residents received care at the end of their lives in line with their individual wishes. Residents' medication was ordered, stored and dispensed appropriately, but improvement was required with administration documentation, specifically in relation to nutritional supplements.

The centre was homely, comfortable, bright and visibly clean and generally well maintained. Some improvement was required to repair chipped paint on radiators and rust on grab rails in a bathroom. The centre was furnished and decorated in a traditional style that was in keeping with the age profile of the residents. There was a variety of communal space that was used by residents throughout the day, including a sitting room on the first floor that could provide a private room for visiting. Residents' private and shared bedroom accommodation was sufficient to meet the needs of residents, and had been personalised in line with their individual wishes and tastes. The centre's management were also asked to review the number and configuration of shower rooms within the premises to ensure there were sufficient facilities for residents.

The sluice room was located on the ground floor and management were required to review the systems in place regarding residents on the first floor to ensure that robust arrangements are in place, for the safe disposal of waste matter and decontamination of equipment.

Fire safety procedures were in place to protect residents, with some improvement required in relation to documentation regarding the evacuation of residents. A policy

and procedure for appropriate risk management was operational in the centre.

Processes were in place to protect residents from harm. Residents spoke about feeling safe in the centre. A restraint-free environment was promoted in the centre and practice reflected national policy guidelines.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate. Some residents wore glasses and hearing aids. A communication board and communication cards were also in use to support residents. Care plans were in place to support people with communication difficulties. Key aspects of good practice were set out in care plans. Staff who spoke with inspectors were knowledgeable of the specialist communication needs and care interventions to support residents with dementia, stroke or acquired brain injury to communicate. Inspectors observed that staff took time when conversing with residents and used eye contact appropriately.

Judgment: Compliant

Regulation 11: Visits

Suitable arrangements were available for residents to receive visitors. Visiting was unrestricted with the exception of mealtimes which were protected to promote residents' privacy and dignity. Numerous visitors were seen visiting residents throughout the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to bring their possessions with them on admission to the centre. Inspectors noted that many residents' bedrooms were personalised with their possessions and memorabilia. While there was some storage available in each resident's bedroom, inspectors asked that this be reviewed to ensure that there was sufficient storage to meet residents' individual needs.

Judgment: Compliant

Regulation 13: End of life

End of life care plans outlined residents' physical, psychological and religious or spiritual needs. Staff provided end of life care in line with these plans, with the support of their family, GP, palliative care team and religious community.

Judgment: Compliant

Regulation 17: Premises

The service is homely and comfortable, and the provider has endeavoured to ensure the two-storey premises meets the assessed needs of the residents.

The indoor and outdoor communal space was nicely decorated and furnished. The sitting room, conservatory and dining room were comfortably laid out. An additional sitting room upstairs provided views of the surrounding countryside. It was used as a quiet space and also facilitated residents to meet visitors in private. The 'memory garden' to the front of the building included plants and shrubs, while a large, brightly-painted mural and comfortable seating were featured in the secure area at the rear of the premises.

There was private and shared bedroom accommodation on both floors of the premises, which were accessible using a passenger lift or stair lift. Efforts had been made to ensure that the privacy and dignity of residents living in shared accommodation was maintained, through the use of curtains and privacy screens. One television was provided in one of the multi-occupancy rooms, but the placement of this television did not ensure it was visible to all of the occupants. Residents were supported to personalise their rooms with photographs, cards and other memorabilia. Inspectors noted that the configuration of one multi-occupancy room did not support all residents to display their possessions where they may enjoy them. For example, shelving around one bed was at the head of the bed, and therefore would not be visible to the resident whilst in bed.

An assisted bathroom was located in the premises, as was an additional number of ensuite and communal shower rooms. Inspectors asked that the number and configuration of the shower rooms be reviewed to ensure that there were facilities for residents. Appropriate laundry facilities were located on the premises, and a sluice room was available on the ground floor.

A maintenance programme was in place but some improvements were required to ensure compliance with infection control practices. For example, rust was noted on a number of grab rails in the building and therefore could not be adequately cleaned to prevent infection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied diet that was properly prepared, cooked and served. Fresh drinking water, snacks and other refreshments were available at all times. Mealtimes were observed to be a social occasion, and residents received assistance and support from staff where required. There was evidence of appropriate referral to dietetic and speech and language therapy. Those who required a special or modified diet were facilitated and offered choice. Residents admitted for respite had their food and fluid intake routinely monitored for five days to ensure that their dietary intake was appropriate and to facilitate early interventions if required.

Judgment: Compliant

Regulation 20: Information for residents

A copy of the 'Residents Guide' was found in each resident's room. It set out all the relevant information for residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There were processes in place to ensure that when residents were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services.

Judgment: Compliant

Regulation 26: Risk management

A centre-specific policy was in place regarding risk management. This outlined the identified hazards and risks throughout the centre, including specific risks required by the regulations, and the measures and actions in place to control these risks. However, the risk assessments in relation to smoking required review to ensure that

they accurately reflected the mitigating measures in place.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider had systems in place to ensure compliance with the standards for the prevention and control of healthcare associated infections. The sluice room was located on the ground floor and this presented challenges when transporting and disposing of waste matter on the first floor. Inspectors requested that management review the systems in place to ensure that robust arrangements are in place for the safe disposal of waste matter and decontamination of equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Records were available to verify that all fire fighting equipment and the fire alarm were serviced regularly. Staff were familiar with the procedures to follow in the event of a fire and were confident they would be able to safely evacuate residents. Each resident had a personal emergency evacuation plan in place, which contained relevant information including the mode of evacuation and their cognitive status. This could be improved further if they included details about the number of staff required to assist the resident and the any likely behaviours in an the emergency situation. A procedure for the evacuation of the centre in the event of fire was prominently displayed and fire evacuation plans were displayed which showed the nearest exit. Inspectors found recorded evidence of the completion of fire evacuation drills. Sufficient details of fire drills were documented to provide assurances that to provide assurance that the fire procedures were effective.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were comprehensive policies and procedures available to assist staff to ensure that each resident received the medication prescribed for them in accordance with the instructions of their GP. Medication charts were clearly written and all medication documented was signed by the GP. Medicines were stored securely in

accordance with best practice guidelines. Audits complete by the pharmacist indicated a good level of compliance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a pre-admission assessment and a comprehensive nursing assessment completed on admission. Care plans were developed according to their care needs. Residents and relatives where appropriate were involved in developing and reviewing their care plans. Many of the care plans reviewed were bulky and contained historic information. As a result, it was difficult to decipher the plan of care.

Arrangements were in place to evaluate care plans every four months and inspectors saw that this was occurring. However, care plans were not consistently updated to reflect clinical changes. For example a care plan was not updated when a resident returned from hospital to reflect the additional nursing care which was being delivered. There was no negative impact on the resident as the information was communicated in the narrative notes and shared at staff handover meetings. Care planning needed to be more robust to ensure they reflect residents' changing needs and specialist advice.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with a good standard of medical and nursing care. There was evidence of timely referrals to health care services such as physiotherapy, occupational therapy, and speech and language therapy.

Appropriate interventions were in place to prevent those with vulnerable skin from developing a pressure wound. Pressure relieving equipment was provided and care plans were developed and implemented.

Residents with diabetes had care plans in place to manage their condition. The residents received the correct diet and their blood sugars were monitored in line with HIQA guidelines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy and procedures in place for the management of responsive behaviours. Staff were knowledgeable regarding residents' behaviours and were compassionate and patient in their approach with residents. Care plans to support residents with BPSD described the behaviours, the triggers to them and person centred interventions to engage or redirect residents.

A restraint-free environment was promoted in the centre. Alternative measures were tried and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bedrails were in use.

Judgment: Compliant

Regulation 8: Protection

Measures to safeguard residents from harm or from suffering abuse were in place. A policy was in place and staff regularly received training on the prevention, detection and response to abuse. Staff who spoke with inspectors could describe what actions to take if they observed, suspected or had abuse reported to them.

The management team confirmed that all staff had been vetted by An Garda Síochana.

The centre acted as pension agent for a small number of residents. While there was a process in place for the safe management of residents' pensions, this required review to ensure full compliance with the guidelines published by the Department of Social Protection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported to exercise their rights and maintain choice in their daily lives. Staff facilitated residents to maximise their independence throughout the day of the inspection and it was clear that staff were well-informed of individuals' preferences and routines. For example, breakfast is offered for almost two hours each morning to facilitate residents' daily routines.

Residents were consulted with regarding how the service was run. Residents' meetings were held regularly, and the minutes of these meetings indicated that any issues identified were addressed in a timely manner. The last meeting was chaired

by the centre's independent advocate to ensure that residents were aware of the service the advocate can provide. A detailed survey had been carried out in the centre in the summer of 2018, which facilitated residents and relative to give their views regarding the service. A total of 26 residents and relatives responded to this survey, with the results being predominantly positive. An action plan was developed to address any issues raised. In advance of this inspection, surveys were issued to the centre and a number of these were also completed by residents. Again, the responses were positive; with the centre being described as a "home away from home".

Residents' political, civil and religious rights were respected. Residents had been facilitated to vote in the centre, regarding the upcoming presidential election and referendum. Residents were supported to practice their respective faiths, and religious services were held in the centre's chapel.

The centre was part of the local community and residents had access to radio, television, newspapers, Internet and information on local events. Some residents visited relatives and friends outside the centre on a regular basis.

Staff ensured that residents' privacy and dignity was respected. Staff knocked on bedroom doors prior to entering and care was provided to residents in a discreet manner.

Recreational facilities were provided and an activities programme was carried out in line with residents' interests and capacities. On the day of the inspection, activities completed included ball games, music and aromatherapy.

Advocacy services were available to residents upon request.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 32: Notification of absence | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 26: Risk management | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | 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 | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Willowbrook Lodge OSV-0000302

Inspection ID: MON-0022237

Date of inspection: 23/10/2018

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: We will ensure that drug administration records consistently indicate if a resident has taken or refused prescribed nutritional supplements. | |
| Regulation 24: Contract for the provision of services | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All contracts for the provision of care will be reviewed and amended to indicate whether a resident's accommodation is private or shared. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: Grab rails will be replaced as requested. Shelving will be offered and provided in the multi occupancy room to better display residents personal items. An area has been identified on the first floor which will be reconfigured as a shower room. | |

09/11/2018
11/02/2019
31/10/2019

| | |
|--------------------------------|-------------------------|
| Regulation 26: Risk management | Substantially Compliant |
|--------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 26: Risk management:
The risk assessments in relation to smoking will be reviewed to ensure that they accurately reflect the mitigating measures in place.

| | |
|----------------------------------|-------------------------|
| Regulation 27: Infection control | Substantially Compliant |
|----------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 27: Infection control:
We have reviewed our infection prevention control procedures throughout the home and in particular upstairs. We are satisfied that we have robust procedures in place but will continue to monitor closely.

| | |
|---|-------------------------|
| 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:
When a resident returns from hospital we will ensure that the residents care plan will be updated to reflect the additional nursing care being delivered.

| | |
|---|-------------------------|
| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection: Arrangements are progressing to ensure full compliance with the guidelines published by the Dept. of Social Protection.</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. | Substantially Compliant | Yellow | 31/10/2019 |
| 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 | 09/11/2018 |
| Regulation 24(1) | The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, | Substantially Compliant | Yellow | 16/11/2018 |

| | | | | |
|---------------------|---|-------------------------|--------|------------|
| | including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that 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. | Substantially Compliant | Yellow | 10/11/2018 |
| 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. | Substantially Compliant | Yellow | 06/11/2018 |
| 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 | Substantially Compliant | Yellow | 06/11/2018 |

| | | | | |
|-----------------|---|-------------------------|--------|------------|
| | consultation with the resident concerned and where appropriate that resident's family. | | | |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Substantially Compliant | Yellow | 29/11/2018 |