



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

## Issued by the Chief Inspector

Name of designated centre:	Lisheen Nursing Home
Name of provider:	Lisheen Nursing Centre Unlimited Company
Address of centre:	Stoney Lane, Rathcoole, Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	28 August 2020
Centre ID:	OSV-0000059
Fieldwork ID:	MON-0030298

## About the designated centre

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

Lisheen is a purpose built privately owned designated centre which has been operating since 1988. Lisheen is a two storey building which has been adapted and extended to provide accommodation for 118 residents over the age of 18 years who need long term care and support. Accommodation is provided in single and twin bedrooms, most of which are en-suite. The centre is divided into nine units each of which has a dedicated staff team. The units are laid out into homesteads with spacious communal areas served by a small kitchenette. The landscaped gardens are of a dementia friendly design and provide a safe outside space for residents. Lisheen is situated on a landscaped site with views over the surrounding countryside. The centre is a short distance from a local village with shops, community centre and churches. The village is served by public transport routes. There is a large car park to the front of the building and disabled parking is available. The building is wheelchair accessible. Lisheen provides care and support for individuals who require assistance with the activities of daily living. This includes persons with cognitive impairments, dementia and long term mental and intellectual disabilities. The service aims to support them in their illness whilst promoting their health and well being.

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

Number of residents on the date of inspection:

114

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
Friday 28 August 2020	08:55hrs to 16:55hrs	Deirdre O'Hara	Lead
Friday 28 August 2020	08:55hrs to 16:55hrs	Siobhan Nunn	Support
Friday 28 August 2020	08:55hrs to 16:55hrs	Susan Cliffe	Support

## What residents told us and what inspectors observed

Inspectors observed high levels of staff morale and resilience and staff were cheerful, and worked to ensure that the residents' new routines were consistent with the current infection and prevention control guidance and that residents were reassured and supported during this time.

Staff were described as kind and praised the staff for the great care they received. One resident said that they could not fault the service. They stated that they had not left the centre since the COVID-19 outbreak but understood the reasons for it and were very happy with walks around garden and joining in activities. Residents said that they were provided with updates about the pandemic by staff.

Another resident said that they were kept busy and loved every day in the centre. Residents and staff were seen to enjoy the company of the centres dog, cat and budgie. They also appreciated a personalised meditation that a member of staff created for them which they really benefitted from. Personalised meditation recording were also made for staff and were also available to other residents. Residents said they enjoyed the food and one particularly enjoyed the stew. Staff observed to be interested in ensuring residents were well cared for and happy in the centre.

Residents said that there was plenty of staff available and described them as responsive to their needs. While call bells were generally responded to quickly one resident was observed to be waiting for 10 minutes for assistance with their lunch.

During the inspection the inspectors observed a range of activities targeted at both those residents who chose to stay in their rooms and those residents who used the communal areas. The appropriate social distancing was observed to be in place in communal areas. Activity schedules were organised with residents by the activities staff and displayed in communal areas each day. Individual or small group activities were organised in the morning on the units and then larger group activities were organised for the afternoon. During COVID-19, residents used Zoom to talk to each other as they were unable to meet due to the restrictions. Inspectors observed group activities, for example, a game of bingo, movies, relaxing music and one resident enjoyed Irish music which was played in the communal area and appeared to be enjoyed by all.

Residents commented that they were happy with and understood the restricted visiting arrangements put in place by the centre. Residents had access to an accessible enclosed well-kept gardens.

## Capacity and capability

This was a short-term announced inspection and the provider had been informed about the inspection the evening of 27 August 2020 before the inspection was scheduled. This was done in order to ensure that the inspection team were aware of the current infection control procedures that were in place in the designated centre.

The centre had been inspected in the previous year and have achieved full compliance across the regulations inspected. This inspection was triggered by the recent COVID-19 outbreak and to inform the registration renewal decision.

Lisheen Nursing Home had experienced an outbreak of COVID-19 on 19 April 2020. During the outbreak 25 residents and 21 staff members tested positive for COVID-19; four residents had sadly passed away. The centre had no positive cases at the time of this inspection and the outbreak was declared over by public health team on 10 June 2020. The provider was undertaking a review of the outbreak to inform practice and manage any further potential outbreaks.

There was a clear management structure in place and the responsibilities and the lines of authority of varied personnel were evident. The structure was understood by staff who knew who to report to and the provider representative and person in charge understood their responsibilities to ensure compliance with legislation. While there was evidence that effective leadership, governance and management systems were in place, records for recruitment did not always meet the requirements of Schedule 2. Inspectors were told that staff turnover was low with one vacancy in house keeping, which had been advertised.

There were two persons in charge who were registered nurses with substantial experience in the nursing care of older people. They demonstrated good leadership and said that with the support of the clinical nurse managers and staff team they ensured the delivery of suitable safe care to residents. The inspectors found that the provider representative had a varied skill-mix of staff deployed to meet the assessed needs of residents taking into account the size, design and layout of the centre.

There were arrangements in place to meet with staff and residents during and since the COVID-19 outbreak. Minutes of these meetings were maintained.

There was an ongoing training programme for staff and this included training on the statutory topics of moving and handling, fire safety and adult protection. While the inspectors noted from training records that some staff were out of date with their statutory training, refresher update training was scheduled in the weeks following the inspection.

Overall the findings of this inspection indicate that the service was well managed and was regularly reviewed to ensure a safe service was provided to residents.

Residents' complaints were listened to. Complaints or concerns were investigated and residents or family were informed of the outcome and given the right to appeal. They knew who to speak with should they have a complaint or concern.

## Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to continue to meet the support requirements of residents in line with the statement of purpose.

Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2020 for nursing staff was provided to the inspectors.

There were systems in place to ensure staff minimise movements around the centre and rosters showed that staff worked in one designated unit and did not transfer across to other units in the building.

On the day of inspection care and nursing staff were directly supervised by the two clinical nurse managers. There were no volunteers working in the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff at the centre had access to a variety of training and a structure was erected in the garden to allow extra space to deliver training as a result of COVID-19. Training on Fire Safety & Evacuation Procedures, Safeguarding Vulnerable Adults, Moving and Handling, and Infection Prevention and Control was in place. Records examined showed a high level of attendance and a system in place to allocate future training. Staff confirmed that they had attended a range of training. Fire safety and evacuation procedures training took place on the day of inspection.

Judgment: Compliant

## Regulation 21: Records

All records requested by inspectors were made available. They were well maintained and information was easily accessible.

Inspectors viewed a selection of four staff files. The provider representative and person in charge had not ensured that recruitment procedures met good human resource practice standards. For example, there was no reference from one staff members most recent employer and that Garda Síochána (police) vetting was not procured for three staff before they commenced employment. Garda vetting was

evident for all staff on the day of inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider entity was an unlimited company called Lisheen Nursing Centre Limited. The designated centre is family owned and managed. There was a well-established management team with a clearly defined governance and management structure that identified lines of authority and accountability. The registered provider maintained good oversight of service provided and ensured that there were adequate resources allocated.

Management was well known to residents. Staff and resident meetings and communication with families was well documented and information about visiting was clear.

The centre was well-managed and there were arrangements in place to monitor the quality and safety of care and the service delivered to residents. There was a suite of audits used to monitor the care delivered with corrective actions and a responsible person identified.

The provider did not always ensure that all staff records set out in Schedule 2 were in place before staff started work in the centre. This is discussed further in regulation 21: Records.

Having reviewed the training records, inspectors were satisfied that a culture of learning was promoted through training and professional development.

An annual review for 2019 had been completed, it included feedback from residents and their family. A quality improvement plan was in place to address any recommendations and areas improvement.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place and information in relation to the complaints procedure was displayed in the centre. The person in charge maintained a record of complaints that were received and how these had been managed. The outcome and satisfaction of the complainant was recorded. Residents who spoke with the inspectors were aware that there was a complaints process in place and knew who was responsible for managing complaints in the centre.



Judgment: Compliant

#### Regulation 4: Written policies and procedures

Schedule 5 policies were available and had been reviewed in the past three years. Comprehensive policies and procedures specifically related to COVID-19 had been developed and made available to staff. Due to changes in practice required since the COVID-19 pandemic, policies relating to visitors, staffing, admissions policy, end-of life care had been modified.

Judgment: Compliant

#### Quality and safety

Residents received a high standard of nursing care and were referred to appropriate allied health services when required. They had access to GP services and three monthly medication reviews. Consultations using the Internet enabled staff to receive up to date advice regarding wound care. Residents who chose not to accept recommended health treatments had their wishes respected.

The majority of residents had good assessments and care plans in place to identify and meet their needs. One record was found where some assessments and care plans had not been reviewed in line with guidelines and as a result the residents' needs were not fully met.

Residents' rights were respected and opportunities were made available for residents' views to be heard. Residents had a variety of activities to participate in during the day and were observed to be enjoying the company of staff and other residents. Those who choose to remain in their rooms were observed being visited by staff.

As a result of COVID-19, social media was used to help residents maintain contact with their families and each other. Visiting arrangements were in place, with clear information provided about infection prevention and control measures. Residents were able to spend time with their families in private in designated visiting areas in each unit.

A comprehensive system was in place for the protection of resident's property. Staff were familiar with the designated centres safeguarding policy, and knew where to report any concerns of abuse.

The design and layout of the premises had a warm homely, relaxed atmosphere and ensured the residents comfort, privacy and well-being. However, inspectors

identified gaps in the inappropriate storage of equipment in assisted bathrooms and sluice rooms. The décor in an assisted bathroom in Bluebell required review. While there was nicely decorated seating areas in links between unit for residents to use, there was insufficient communal space for residents on Heather unit. This is discussed further under regulation 28: Premises.

While infection prevention and control processes and procedures in place and the centre was generally clean, there were areas identified which required review. There are discussed in detail under regulation 27: Infection Control.

### Regulation 11: Visits

The registered provider was focused on ensuring that in so far as possible residents were facilitated to enjoy visits from family and friends. The registered provider had trialled different arrangements before settling on the approach that was in place on the day of the inspection. Residents were very happy with the arrangements that were in place.

Visiting arrangements were in line with the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

Families were provided with written instructions about visiting. Each unit had an allocated visiting area where residents could meet their visitors in private. Visitors were monitored at the reception area and then went to the allocated visiting room through a separate entrance.

During COVID-19 staff helped residents to keep in touch using video calls and other social media.

Judgment: Compliant

### Regulation 17: Premises

The designated centre is accommodated in a building comprised of a mixture of an older building and a large new extension. The premises was tidy and was well decorated with a focus on creating a homely setting. The centre was divided into units referred to as households. Residents had personalised their own room, or, in shared rooms, their space in that room with photos and mementos. Bedrooms viewed were seen to be neat, tidy and clean and residents had adequate space to securely store personal possessions. There was adequate bathing and showering facilities at close proximity for residents.

The centres was well-equipped with hand washing stations, antibacterial gel dispensers, information posters to assist and remind personnel to abide by social distancing practices.

Inspectors identified examples of inappropriate storage of equipment such as resident chairs, wheel chairs, commodes, an I.V. stand, and hoists in assisted bathrooms, sluice and laundry rooms respectively. Decor in an assisted bathroom in Bluebell required review to address paintwork that was blistered and corroded and mould was apparent. There was a foul odour in a sluice room, where drainage may have been the source of the issue. The provider was made aware of this on the day of inspection.

Due to the cohorting of units, there was no sluice room available on Carnation unit, which resulted in inappropriate disposal and management of bedpans which could pose an infection control risk.

While there were a number of communal areas in the centre on each floor, during COVID-19 the oratory and hairdressers were being used as staff changing areas to restrict crossover of staff and prevent transmission of any potential COVID-19 infection. These arrangements were discussed with inspectors and assurances were given that they would revert to their former use when such contingency measures is no longer required.

Separately a small sitting room on the Heather Unit had been converted to a bedroom albeit never used as such. This change was not in line with the regulations and standards as it had reduced the communal space available to residents in that part of the designated centre. On the day of inspection this room was used as an alternate staff dining area to further support the inspection and the segregation of staff between units. The provider agreed that this area would revert to being communal space as a private sitting room for residents. There were nicely decorated, bright seating areas available to residents in the link areas between units.

Residents were seen to be enjoying the communal spaces available to them where they relaxed, listened to music, and joined in activities. Inspectors were shown posters that were created by residents for residents in other units, which were brightly coloured and expressed well wishes and caring sentiments. There was a pleasant, well maintained accessible outdoor garden available for residents, which contained a selection of suitable seating.

Judgment: Substantially compliant

## Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and an up to date risk register was used to identify and assess risks in the designated centre. This included risk rating,

escalation risks and the mitigation of risks. Records showed that risks were identified, existing controls to manage risks were in place and a person was assigned to address the risk.

A comprehensive COVID-19 risk assessment had been completed and there were controls in place which included workforce planning, resources, infection control and environmental hygiene, catering, visiting and communication arrangements. The provider was undertaking a serious incident review in respect of the COVID-19 outbreak to inform the centre's preparedness for future outbreaks.

Judgment: Compliant

## Regulation 27: Infection control

There were formalised arrangements in place to manage the COVID-19 outbreak in the centre. There was an outbreak control team in place. Regular communication was seen in documentation between the centre and public health. The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available in the centre.

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available and stocked as required in line with current guidance. Staff were observed donning and doffing (putting on and taking off) PPE and could describe to the inspectors the correct sequence for this. There are adequate hand hygiene products available at strategic points around the centre and staff carried hand sanitizer on their person. Hand hygiene practice and correct use of PPE was good on the day of inspection. Hand hygiene audits had recently commenced in the centre during the outbreak and continue to be part of the audit cycle. Staff were seen to maintain and encourage social distancing when appropriate.

Overall, the centre was clean. There were cleaning processes in place, which was documented in cleaning sign off sheets. Cleaning and cleaning documentation were overseen by a housekeeping supervisor. There was evidence of regular environmental hygiene audits, with associated quality improvement plans were on-going. The person in charge discussed with inspectors the use of a more detailed audit tool to monitor infection prevention and control in the centre.

The centre had systems in place to manage and control infection outbreaks. Inspectors were informed that residents that were suspected cases of COVID-19, were isolated in line with national guidance. There was appropriate infection prevention and control signs on display around the centre. Signs were in place on bedroom doors, to ensure that in the event of a resident being a confirmed or

suspected case of COVID-19, staff are aware of the infection prevention and control precautions needed when caring for residents.

The following areas for improvement were noted:

- Cloth hand towels in a roller hand dispenser were in use at all clinical hand wash sinks. Hand sanitizers and liquid hand soap were being decanted from larger containers. Disposable paper towels should be available at clinical hand wash sinks and disposable single use soap and alcohol hand rub cartridges or containers should be used to align with national guidance.
- Cleaning solutions were not labelled to show when they were made up to ensure that they were fit for purpose.
- The provision of wipeable splash backs at clinical hand wash sinks to allow for adequate cleaning. This issue was identified and discussed at a previous management meeting on 20 July 2020.
- Appropriate storage of clean bed linen and towels on the units. These were stored in baskets or loosely on used linen hampers. These practices could lead to cross contamination in the centre.
- While contaminated waste is being managed in accordance with best practice and in line with the centres policies some bins in the centre were not foot operated, which could lead to cross infection.

Records showed that residents and staff were monitored for signs of COVID-19. Staff were aware of the local policy to report to their line manager if they became ill. Staff who spoke with the inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in residents' baseline. There was a system in place at reception which allowed for contactless temperature monitoring for persons entering the centre.

There was a regular maintenance program for the bedpan washers and a legionella management system in place.

There was a COVID-19 swabbing scheduled in place, and four staff were trained in procedures for taking COVID-19 swabs.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed the records of six residents which were all well organised and securely stored. The areas reviewed included, new admissions, falls, weight loss and pressure care. Inspectors observed staff providing care to residents in a patient and sensitive manner, according to residents needs. They were observed gently redirecting residents with dementia to the dining room and assisting them to eat at their pace.

Records showed that resident's needs were assessed prior to admission, ensuring

that their needs could be met by the care provided in the centre. As residents' needs changed assessments and care plans were updated. There was evidence of staff closely monitoring residents on admission to update initial assessments. Assessment tools were used when required including falls calendars and the risk assessment tools.

The majority of care plans were developed and reviewed within appropriate timescales. They contained sufficient information to guide staff and reflected residents' choices.

While the majority of assessments and care plans were up to date, inspectors found one record where some assessments and care plans had not been reviewed for a number of months. As a result the assessed mobility and social needs of the resident were not being met. The centre had made efforts to engage external agencies to meet the resident's needs, but with limited success.

Residents were complimentary of the care and attention they received from staff. When speaking to staff they were knowledgeable about the individual requirements and preferences of residents.

Judgment: Substantially compliant

## Regulation 6: Health care

Records showed that a high standard of nursing and health care was provided to residents. They had access to GP services and received regular medical reviews. During COVID-19 these services were maintained with some consultations happening via the Internet for example pressure care

Residents' choices to accept medical treatment were respected. One resident choose not to receive treatment and was made as comfortable as possible by staff until they were ready to accept medical recommendations. Staff demonstrated their knowledge of residents medical needs. For example a staff member detailed the complex care and medication required by a newly admitted resident.

Residents were referred to appropriate allied health and specialist medical services when necessary. Inspectors found that records were updated with recommendations following these assessments, for example tissue viability, physiotherapy and ophthalmic consultations.

One resident spoke about his confidence in staff and their ability to meet his multiple medical needs.

Judgment: Compliant

## Regulation 8: Protection

When entering the designated centre a safeguarding statement was on display in the foyer to inform residents and families about safeguarding procedures within the centre. A comprehensive safeguarding policy was in place detailing the names of those responsible for investigating safeguarding concerns. The policy was updated to include advice related to protecting residents during the COVID-19 outbreak.

Inspectors reviewed arrangements for protecting residents' property. Residents were able to leave valuables with the provider where they were stored safely and records were maintained to reflect this.

A "Management of Residents Accounts and Property Policy" was in place. At the time of inspection the centre was managing accounts for 11 residents. Systems were in place to receive money on behalf of residents into a separate client account. Residents could access their money via nursing staff and management within the centre. The residents' accounts viewed by inspectors showed up to date entries for lodgements and withdrawals.

Staff were familiar with the safeguarding policy and procedures. When asked, they were able to detail the indicators of abuse and knew what to do if they had concerns about the possible abuse of a resident. Training records showed that 142 out of 151 staff had up to date safeguarding training.

Residents said that they felt safe and were happy to speak to staff if they had any concerns.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents who spoke with inspectors during the inspection were complimentary about all staff. Two residents said that could not fault anybody in the unit. One resident said that since they were unable to live at home due to medical conditions the centre was the next best thing.

During the COVID-19 outbreak tablets were purchased for each unit to help maintain contact with families. Smart TV's allowed residents to choose their own entertainment, including city tours. The centre produces their own newspaper "The Lisheen Leader" which profiles staff and residents from different units. The hairdressing facility was closed during the COVID-19 outbreak but residents were able to receive individual visits from the hairdresser if they wished.

Inspectors observed residents being assisted with a variety of activities in communal areas. In one area a resident was reading the newspaper while another was

examining a picture they had coloured. Other residents were listening to religious music while waiting for mass to be broadcast on the television. In a separate area residents were listening to lively 60's and 70's music and singing along.

Although a variety of activities were available to residents one example was seen where a residents identified needs were not being met. Efforts were made to provide enjoyment and relaxation but there was no evidence of an ongoing programme of recreation for them.

Inspectors viewed minutes from the residents forum where residents were consulted and kept informed of changes. The resident cat, dog and budgie provided alternative companionship for residents.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	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	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Lisheen Nursing Home OSV-000059

Inspection ID: MON-0030298

Date of inspection: 28/08/2020

## 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:            Our recruitment procedure has been reviewed and a new audit system in place to ensure that all necessary documentation is received prior to commencement of employment.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            All assistive equipment will be stored in the correct storage areas. Resident’s own equipment will be kept in their bedrooms and any other equipment which is not in use will be put into external storage.</p> <p>A leak was found in the assisted bathroom referred to in the inspection report and has since been remedied.</p> <p>The foul smell in the sluice room was rectified on the day and a new procedure for increased monitoring and maintaining each sluice room is now in place.</p> <p>As per our quality improvement plan and minutes from a QI meeting in June 2020 the building of a new sluice room has commenced for one of the units. We have ensured that the available sluice for this unit is utilized in a more appropriate manner until such time that the new sluice room is completed.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Alcohol gel and hand soap dispensers are now being refilled in line with the World Health Organizations' Guidance document for hand rub formulations.</p> <p>All bottles with cleaning solution are now labelled.</p> <p>As per our quality improvement plan and minutes from a QI meeting in July 2020 the splash backs have all been restored since the day of inspection.</p> <p>Linen will now either remain in the plastic bags they are delivered in or will be placed in a closed linen hamper prior to bringing it into a resident's room.</p> <p>Foot operated bins are in place where there is a risk of infection and / or the waste is deemed high risk.</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:</p> <p>The assessment found on the day of inspection was due for review on the 09th August 2020 and has since been completed. All nurses have been advised regarding the importance of having up to date care plans in accordance with the legislation.</p> <p>Due to the pandemic our auditing practice of care plans was postponed however this system is now back in place.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>We appreciate that HIQA inspectors found that the residents' rights are respected and opportunities are made available for residents' views to be heard, including the provision of a variety of activities. As also highlighted by the inspectorate , every effort is being made to provide enjoyment and relaxation for the resident in question and we have since made further community referrals in the effort of achieving more for this lady.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	09/10/2020
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	30/09/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	09/10/2020

	infections published by the Authority are implemented by staff.			
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	09/10/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	09/10/2020