



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

## Issued by the Chief Inspector

Name of designated centre:	Castleross
Name of provider:	Castleross Nursing Home Ltd
Address of centre:	Carrickmacross, Monaghan
Type of inspection:	Short Notice Announced
Date of inspection:	25 June 2020
Centre ID:	OSV-0000124
Fieldwork ID:	MON-0029676

## About the designated centre

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

Castleross nursing home is a purpose-built premises. Residents are accommodated in for individual houses (Lisdoonan, Broomfield, Creevy and Killanny). In addition, there are two civic centres; the village centre and Kavanagh community centre for communal activities. The philosophy of the designated centre is to preserve the dignity, individuality and privacy of the residents who live in Castleross in a manner that is sensitive to their ever changing needs. To this end management have adopted the 'household model' of care which primarily is based on the principles of home life. Each household is individually staffed and includes a homemaker whose responsibility is to create a homely environment through normal daily kitchen activities and provide a warm welcome to all who pass through.

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

Number of residents on the date of inspection:	103
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 25 June 2020	09:30hrs to 15:30hrs	Siobhan Kennedy	Lead
Friday 26 June 2020	09:30hrs to 16:00hrs	Siobhan Kennedy	Lead
Thursday 25 June 2020	09:30hrs to 15:30hrs	Sheila McKeivitt	Support
Friday 26 June 2020	09:30hrs to 16:00hrs	Sheila McKeivitt	Support

## What residents told us and what inspectors observed

Residents spoke to inspectors about their experience of living through the COVID-19 outbreak. Most residents described their experience as a positive one. They were aware of the COVID-19 risks and the precautions they had to take to protect themselves and others. They said the wonderful team of staff, answered their questions time and time again, reassured them and put their minds at ease.

Although residents were cocooned in their bedrooms, they said this was made bearable by staff. Some made it clear that they were tired of cocooning and were glad it was coming to an end.

Residents told inspectors that the activities staff linked in with them via a web cam which they could view on the television screens in their bedrooms. They said staff kept them going with a schedule of activities to occupy their minds day after day. Activities staff were praised by staff for continuing 1:1 activities throughout the outbreak which residents said had helped keep their spirits up through the difficult times.

Residents described how they received visitors to their bedroom window and although they could only see them through the glass it was still so lovely to have a visit. One resident said that although they could not touch their visitors they could cope with that, once they could see their children. They said it was difficult and they were glad that they could now have visitors visiting in person again. Inspectors observed relatives visiting residents, some in their bedrooms, others in a designated area and others at the windows.

Residents said they missed socialising with other residents in the dining room and during their activity classes in the communal lounge. However residents understood why the current restrictions had to be put into place. They were starting to socialise with others in the centre with the required social distancing rules in place. However residents remained cautious. Inspectors observed some residents taking their meals in the dining room and enjoying the lounge area while maintaining social distancing.

The inspectors met a number of residents who had recovered from COVID-19. These residents appeared well, however they all said it was not a nice experience and they hoped they would never experience it again.

Residents who spoke with the inspectors were extremely complementary of the staff. They said the staff were very supportive, kind, patient and understanding. One resident said that staff had worked tirelessly to keep them safe and help them to make a good recovery. Another resident said that " staff were saints, all of them."

Staff described the very difficult time they and residents had been through. It was

clear they had a good knowledge of COVID-19 and had worked hard to try to keep the virus out of the designated centre by adhering to the public health guidelines (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).

Staff and residents were overwhelmed by the experience they had been through and were visibly emotional and grieving for the loss of the residents who had died during the outbreak. A number of staff had contracted the virus and were not able to work. Some referred to the stigma associated with having the virus and rumours to this effect were spreading in the local community and told the inspectors that all together, it had been a very difficult time. They knew they had to care for the residents and told the inspectors that was what they had tried to do to the best of their ability.

The residents, relatives and staff were all evidently happy that the centre had recovered from the COVID-19 outbreak but the heart-felt grief for those that had died was very evident.

## Capacity and capability

A new provider had taken over responsibility for the designated centre in January 2020. This was the first inspection under the new governance and management team. The inspection was carried out following an outbreak of COVID 19 in the designated centre in April 2020 and to follow up on information of concern that had been submitted to the Chief Inspector in relation to the care and welfare of residents living in the designated centre, communications with the families and the management of complaints. In addition, inspectors reviewed the provider's application to vary the condition of registration to increase the maximum number of residents to be accommodated in the designated centre from 123 to 125 and the re-organisation of a communal resident area to include a family room.

Inspectors found that managers made every effort to ensure that a good quality and safe service was being provided to residents. Where regulatory compliance had not been fully achieved, management and staff were willing to initiate the necessary improvements to ensure full compliance. However inspectors found that some of those concerns that were received in relation to the management of complaints in the designated centre and the communications with families during the COVID 19 outbreak were validated and that improvements were required. The provider was currently investigating one of the concerns and agreed to submit the findings and outcome of these investigations and any actions put in place to prevent any further occurrences in respect of the issues raised.

Inspectors found that the reconfiguration of the current premises to include a new twin bedroom and the family room were appropriate to the needs of residents and

were homely in appearance.

During the recent COVID-19 pandemic it was clear to inspectors that management and staff worked tenaciously as a team to ensure the safety of residents. The outbreak which resulted in the death of residents had a profound negative impact on the remaining resident group living in the centre, their relatives and the staff. Once the outbreak was over managers and staff made every effort to normalise residents' lives in the centre. This included access to activities and a reduction in the restrictions around visiting arrangements in line with the current guidance.

Inspectors saw that there was a clearly defined management team which included the registered provider representative (RPR), person in charge, group chief operating officer, director of finance, and two care managers to manage and control the operations of the centre.

Records showed that the management team had planned and prepared for COVID - 19. It was evident that they had communicated with statutory organisations and the acute services. They complied with national and company guidance as it became available, for example, restricted visiting, sourcing personal protective equipment (PPE) and appropriate signage. They implemented a communication strategy with residents and families, set up remote access to external professionals and trained staff in specific areas relevant to the pandemic (donning and doffing PPE and signs and symptoms as per case definition). They told the inspectors that at the onset of the pandemic, they quickly recognised that they had to adopt a stringent clinical model of care which was contrary to their philosophy of social care and it was difficult for staff to make the adjustment. They introduced measures to take account of the health care needs of staff and initiated a contingency workforce planning strategy. This included the employment of agency staff which had not previously been used in the designated centre. Under the leadership of the person in charge, routine systems were put in place to observe residents, refer for testing, setup procedures for swabbing, isolate residents and address a range of clinical situations as they occurred in what was a rapidly changing environment. Senior staff provided regular training to assist staff to gain knowledge quickly and implement changes in policy and procedures as the guidance was changing throughout the outbreak. This helped to ensure that best practice was implemented throughout the service.

During this inspection inspectors observed good interactions between staff, residents and visitors which helped to create a positive, welcoming atmosphere and a relaxed environment for residents.

From an examination of the staff duty rota, communication with residents and staff it was found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Staff morale was good.

A review of staff records showed that staff were recruited in compliance with employment and equality legislation, including the appropriate An Garda Síochána (police) vetting disclosures.

Staff had access to a range of ongoing training appropriate to their roles and

responsibilities and they were supported to carry out their work by the provider and the person in charge. Staff were confident, well informed and knowledgeable about the standards of care and services to be delivered to residents living in residential care. They had all received training in standard precautions, including hand and respiratory hygiene, cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment. Residents had also participated in learning sessions on hand and respiratory hygiene and cough etiquette.

Some key policies and procedures had not been reviewed and implemented in line with the most up-to-date infection and prevention control guidance:-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.

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The application to vary the condition of registration was seeking to increase the number of residents from 123 to 125 by the addition of one twin bedroom and to register a family room which had previously been part of a communal lounge. Relevant information associated with the application was submitted to the the Chief Inspector.

The inspectors reviewed the documentation, ascertained the views of residents and staff and observed the layout of the twin room and the multifunctional room.

Inspectors found that these rooms were well laid out, spacious, comfortably furnished and suitable to meet residents' needs.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff with the right knowledge and skills to provide care and services to the current residents.

Staff were organised into a household model with each household having its own dedicated staff team. The household team was led by the household coordinator



(senior carer), clinical coordinator (senior nurse) and registered nursing staff who were responsible for the supervision of the care provided and available to assist/support relatives, visitors and allied health professionals.

The care team (carers, homemakers and housekeeping staff) were supported by catering, laundry, social care, administration and maintenance staff.

The recruitment processes and a sample of documents in respect of persons working at the designated centre were reviewed and found to meet the requirements of the legislation. This helped to ensure that appropriate personnel were recruited to work in the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

There was evidence that staff had access to education and training, appropriate to their role and responsibilities. At the time of inspection staff were up to date on mandatory training, for example, fire safety, safeguarding of vulnerable adults, manual handling and food hygiene.

All staff working in the centre had completed the relevant training outlined in 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.

Staff members who communicated with the inspectors had a clear awareness of the early signs and symptoms of COVID-19 and knew the importance of diligent observation of the residents they cared for and the need to report any changes promptly to nursing staff. In addition staff were trained in caring for residents with dementia, end of life care and first aid. They demonstrated that they were knowledgeable and skilled in the duties they carried out and they contributed to the relaxed happy atmosphere that prevailed in the centre.

Staff were seen to be supportive of residents and responsive to their needs.

Residents were complimentary of the staff team in the households in which they lived.

Judgment: Compliant

### Regulation 21: Records

Overall records were satisfactorily maintained, however some records required

review to ensure they were clear, concise and reflected the care that was given. These included:

- Residents' fluid balance charts were not always tallied at the end of each day, therefore for those residents on fluid balance sheets their daily intake was not clear.
- A medication prescription chart had correction fluid used on it.
- Some end-of-life care plans did not include the residents' preferences.

Judgment: Substantially compliant

### Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

There were effective oversight and governance systems in place which ensured that service delivery was safe and effective through the ongoing audit and monitoring of performance.

The leadership and management ensured that care and services were person centred in line with the centre's statement of purpose and stated objectives. As a result, the ethos of person centred care was evident in staff practices and attitudes.

The deployment of sufficient resources including staff, equipment and facilities ensured the delivery of good quality, effective and safe care and services for residents.

The annual review of the quality and safety of care delivered to residents was prepared in consultation with residents and their families and contained a quality improvement plan.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the information set out in Schedule 1 of the regulations. The facilities and services described in the statement of purpose corresponded with the findings on inspection.

Judgment: Compliant

### Regulation 34: Complaints procedure

A policy/procedures was in place regarding the management of complaints and it met the requirements of the regulations.

There was evidence from records and discussions with residents that complaints were managed in accordance with the policy. Many issues recorded were found to be resolved locally or formally by the complaints officer as appropriate.

During the COVID-19 pandemic unsolicited information had been received by the Health Information and Quality Authority (HIQA). These matters primarily related to the quality of the care and services provided to residents and quality of information to relatives. At the time of the inspection these issues had not been adequately investigated and addressed.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were in place however improvements were required in how some policies were being implemented in practice. For example;

- The procedure and records in relation to "not for resuscitation" orders did not reflect the not for resuscitation policy. This policy was not clear in relation to how end of life decisions should be reviewed with the resident and their family.
- The visitors' policy had been updated in June 2020 in line with 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. However the policy was not being fully implemented on all units. As a result residents might be put at risk due to poor adherence to guidelines by a visitor.
- The admissions policy was not up dated in accordance with 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.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspectors found that the quality and safety of care provided to the residents was of a good standard. Inspectors saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards. The management and staff promoted a person-centred approach in line with the household model of care.

Residents who spoke with the inspectors all confirmed that their experience of living in the centre was positive. They felt that their well being was supported by staff in their daily interactions, particularly when they were cocooning during the COVID-19 outbreak. Staff were observed engaging with residents in a kind and supportive manner.

Residents' rights were upheld. Clinical staff in each unit worked closely with the activities co-ordinator and residents to ensure they had access to activities and recreational projects that met their needs.

Residents' nutritional and hydration needs were met. Individual food preferences and choices were respected and residents' feedback on mealtime experience was regularly sought and acted on. The food on offer was visible to residents in the open plan kitchen area so they could see the food options that were available and make choices about what option to have.

From a review of a sample of residents' care plans, and discussions with residents and staff, the inspectors found that the nursing and medical care needs of residents were assessed and that appropriate interventions and treatment plans were being implemented. Risk assessments were regularly revised and these informed the care plans. Residents' skin and pressure area care was closely monitored and there was a low incidence of wounds and pressure ulcers in the centre.

The use of restrictive practices was monitored and the centre was working towards a restraint-free environment in line with national policy. A wide range of alternatives were available and trialled to ensure the least restrictive option was in place.

The premises reflected the statement of purpose and met the needs of residents.

The social care plan provided was interesting, age appropriate and met the individual needs of both male and female residents. Residents were observed enjoying remote activities, daily news headlines and quizzes. The activity coordinator ensured that a rich and stimulating programme of activities was available to the residents.

## Regulation 11: Visits

Arrangements had been put in place for residents to receive visitors. During the outbreak visitors had been restricted to the windows only but since the centre had recovered visiting had resumed with public health guidelines in place. A suitable private space was available in each of the four units for residents to receive visitors in private.

Judgment: Compliant

### Regulation 13: End of life

Appropriate care and comfort was made available to residents at the end of their life.

There were no residents receiving end-of-life care at the time of this inspection.

Holistic end-of-life care plans were in place for each resident, however, some records had not been reviewed and did not ensure that the resident's current preferences for care were recorded. See Regulation 21 for action plan.

Judgment: Compliant

### Regulation 17: Premises

Overall the premises met the needs of the residents living in the designated centre. The premises were as described in the Statement of Purpose. The inspectors reviewed the additional twin bedroom on Broomfield House. The bedroom was spacious with privacy screening in place for two residents. Each bed space contained a bed, bedside locker, bedside table and chair with a suitable storage unit for personal belongings. There was a call bell within reach of the bed and an over bed light. The en suite was a large wet room containing a shower, toilet and wash hand basin, call bell and handrails. Both the room and the en suite met the needs of two residents.

The new family room was located inside the main foyer. This was a small room decorated in a homely way for use by residents and their families. Although some of the communal space in Lisdoonan House had been used for this room, the loss of this space did not negatively impact the residents living in Lisdoonan House as they still had access to a spacious open plan living space which included a dining, sitting and quiet area.

The premises were clean and tidy. The wide corridors with handrails on either side facilitated residents to mobilise safely. Residents' bedrooms were comfortable and provided a private space which residents could personalise with their own

belongings.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to a safe supply of drinking water and were provided with choice at mealtimes. The meals offered to residents were properly prepared cooked and served.

Residents who had been identified at risk of weight loss, had a detailed care plan in place. The care plans had been recently updated following a dietician assessment which had been carried out remotely due to the current restrictions. The inspectors found that dietician's instructions were being implemented by staff and that the resident was receiving the care as prescribed.

There were sufficient staff available to assist residents at mealtimes. Staff were observed offering discreet support and encouragement to the residents.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy in place which met the regulatory requirements. The risk register was kept up-to-date and there were no risks identified in the centre on the day of inspection.

The management team were in the final stages of completing a critical incident review on the recent COVID-19 outbreak.

Judgment: Compliant

### Regulation 27: Infection control

There was an infection control policy in place which included details around COVID-19 and had been updated 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.

However records showed that improvements were required in the prevention and

control procedures that were in place to manage another infection that was present in the designated centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Inspectors noted two long corridors that did not have fire doors in place along the corridors. One long corridor located in Lisdonnan Unit had 10 single bedrooms and two, twin bedrooms within one compartment. The other on Broomfield Unit had seven single and two twin bedrooms between within one compartment. Although each bedroom had fire doors in place, this issue required follow-up with a fire safety expert to ensure that these units had adequate fire safety containment measures in place.

No other area of this regulation was reviewed on this inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

An assessment of the health, personal and social care needs of an intended resident was arranged prior to admission.

A comprehensive assessment was completed within 48 hours of the resident's admission. Assessments included a range of validated assessment tools and this information was used to develop a care plan with the resident and/or their family. Care plans were found to be well maintained and up to date. Care plans were reviewed at intervals not exceeding four months or sooner if changes had occurred in the resident's health or well-being. The contents of these care plans reflected the person-centre care being delivered for residents.

Residents, and where appropriate, their relatives or friends, were involved in the care planning and support decisions made.

Judgment: Compliant

### Regulation 6: Health care

Overall the health care needs of residents were being met. However allied health care professionals were not visiting the centre due to the current restrictions and as

a result a number of inputs from medical and allied health care professionals were carried out remotely. The inspectors were not assured that the provider had clear arrangements in place for the return of allied health care professionals in order to met the needs of the existing and any new residents admitted to the designated centre.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Staff spoken with had a good knowledge and displayed skills appropriate to their role to respond to and manage behaviours that were responsive. These were also reflected in the residents' detailed plan of care.

There was a low use of restrictive equipment such as bed rails with a number of alternative pieces of equipment available for residents to use.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were respected.

Facilities for occupation and recreation were provided throughout the outbreak and since then new arrangements have been put in place. Residents were continuously provided with opportunities to participate in a varied timetable of activities including one to one activities.

Residents on each of the four units had access to a portable screen device which was used by residents and relatives to communicate with each other through whatsapp and skype.

Residents' religious needs were met through daily rosary over the web-cam and weekly Mass was streamed live from two local churches.

Children from the local Primary School had sent drawings, cards and letters of support to residents. These were displayed and shown to residents via the web cam, which they clearly enjoyed.

Residents had access to an independent advocate whose contact details were on display in each unit.

Judgment: Compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Castleross OSV-0000124

Inspection ID: MON-0029676

Date of inspection: 26/06/2020

## 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:</p> <ul style="list-style-type: none"> <li>• End of Life care plans are currently under review to ensure they are concise and reflect current practice in the center. Resident preferences to be clearly documented in End of Life care plans. Audit to be completed by Clinical Coordinators.</li> <li>• Communication sent to all staff highlighting that correction fluid is not acceptable to use on medication Kardex's. Communication delivered verbally by Clinical coordinators at handovers, communication written in communication books and by text message sent to all staff. The prohibited use of correction fluid included in three the monthly medication audit tool.</li> <li>• Communication to Clinical Coordinators, staff nurses and care staff of the importance in maintaining accurate fluid balance charts. Communication delivered by Clinical Coordinators meeting and the delivery of toolbox talks on the importance of maintaining fluid balance records, such talks will be discussed with all staff at handovers.</li> </ul>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The report in relation to outstanding unsolicited information has been completed and submitted to the Authority.</p> <p>Investigation report submitted to regulatory body. The findings of this report will be presented to the complainant. The Quality improvement plan, along with the complaints</p>	

policy and procedure will be also included.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

1. Our End of Life Policy is being reviewed in line with changes that are being made to our Holistic Well Being (End of Life) Care Plans. These changes to our documentation will allow for clear documentation of end of life decisions and discussions around them for residents and their families with their GPs. This review will be carried out by October 31st, 2020.
2. Our Visitors Policy has been updated in line with 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. To ensure the continued adherence and implementation to this guidance, visiting guidelines were issued to all families of residents to help with their understanding of guidelines.
3. Our admissions policy has been updated to reflect the most recent guidance from HPSC.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

A policy specifically for the Management of specific outbreak within the healthcare facility was developed and implemented facility wide.

2. A Toolbox Talk (informal education session) was developed and delivered to all staff in all houses.
3. Information leaflets for any staff member caring for a resident with the infection were issued to staff based on the most recent Infection Prevention and Control Guidance
4. Information leaflets were provided to any resident that may have the infection.
5. Appropriate signage was developed to be used on the door of any resident that may have an infection to alert any Healthcare Worker to use appropriate precautions before delivering care for this resident

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A Building surveyor and fire consultant firm has been engaged to review the existing layout of the bedroom corridor and compartment bed occupancies in Castleross. Report expected on the 19th of September 2020. If required remedial actions to be completed by the 30th November 2020 to ensure adequate fire safety containment measure are in place</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  Medical and Allied Health care professionals recommenced on site visits as below.</p> <ul style="list-style-type: none"> <li>• GPs- 30/06/20 and 07/07/20</li> <li>• Dietician – 02/07/20</li> <li>• SALT- 24/07/20</li> <li>• Chiropodist -28/07/20</li> <li>• Psychiatry of old age 26/06/20</li> </ul> <p>During the outbreak GPs, Psychiatry of old age and Dietician provided excellent support remotely and were available daily as required.</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 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	31/10/2020
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	24/08/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant	Yellow	30/11/2020

	extinguishing fires.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Orange	24/08/2020
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Not Compliant	Orange	24/08/2020
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully	Not Compliant	Orange	24/08/2020

	and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/10/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/08/2020