



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

## Issued by the Chief Inspector

|                            |                              |
|----------------------------|------------------------------|
| Name of designated centre: | Woodlands House Nursing Home |
| Name of provider:          | Sandcreek Limited            |
| Address of centre:         | Trim Road, Navan,<br>Meath   |
| Type of inspection:        | Short Notice Announced       |
| Date of inspection:        | 12 November 2020             |
| Centre ID:                 | OSV-0000186                  |
| Fieldwork ID:              | MON-0030739                  |

## About the designated centre

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

The designated centre provides 24- hour nursing care to 36 residents, male and female who require long-term and short-term care (assessment, rehabilitation, convalescence and respite).

The centre is a two storey building. Communal facilities and residents' bedroom accommodation consists of a mixture of 26 single and five twin bedrooms with en-suite facilities. A passenger and platform lift was available between the ground and upper floors where six residents resided. The centre is well laid out around centrally located communal facilities that include a range of day and dining rooms, and a spacious oratory for prayer, reflection and repose. Enclosed outdoor courtyards are accessible from parts of the centre.

The philosophy of care is to provide a good quality service where residents are happy, content, comfortable and safe, and for residents to be treated as unique individuals to experience inner peace.

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

|  |    |
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| Number of residents on the date of inspection: | 29 |
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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 12<br>November 2020 | 09:00hrs to<br>17:00hrs | Naomi Lyng  | Lead    |
| Thursday 12<br>November 2020 | 09:00hrs to<br>17:00hrs | Ann Wallace | Support |

## What residents told us and what inspectors observed

There was a pleasant and relaxed atmosphere in the designated centre on the day of inspection.

The inspectors saw that staff and residents shared huge respect for each other and enjoyed their time together. One resident told the inspectors that staff explained all that they needed to know about COVID-19 and how to keep themselves safe. Staff were observed encouraging residents to wash their hands and to use the hand sanitisers located around the building. It was evident that the current restrictions were having a significant impact on the residents and their day-to-day lives in the designated centre. Staff were very aware of the effect the current situation was having on the residents they cared for and were seen talking with residents to reassure them that a vaccine had been found and would be available in the New Year.

Residents were highly complimentary about the support and assistance they received from staff. Residents told the inspectors that staff were kind and attentive, and they felt comfortable talking to a member of staff if they had any concerns. Inspectors observed staff responding quickly to residents' call-bells in a calm and unhurried manner. Staff were knowledgeable about each resident's needs and preferences for care and support.

Staff were also seen gently encouraging residents to mobilise around the centre to maintain their mobility and independence. Staff made these activities enjoyable, sharing local news and tidbits from the resident's favourite television programmes to amuse and encourage the resident to complete their exercise. There was a real sense of fun in these activities.

Inspectors observed that the centre was nicely decorated, and that resident bedrooms were personalised with their own belongings and pictures. Residents were satisfied with their bedrooms and en-suite shower facilities.

Residents told the inspector that they loved the variety of their meals and that the food was always hot and delicious. Inspectors observed that residents were served a variety of hot and cold drinks and snacks throughout the day of the inspection.

## Capacity and capability

This was a short-term announced inspection and was announced on 11 November 2020. The aim of this inspection was to assess the preparedness of the designated centre in the event of a COVID-19 outbreak. It also provided for inspectors to gain

further information in relation to the centre's application for renewal of registration.

The inspector acknowledges that residents and staff living and working in the centre have been through a challenging time during the COVID-19 pandemic and they have been successful to date in keeping the centre COVID-19 free. The centre had a COVID-19 management team in place, with an identified infection prevention and control lead. Records showed that the management team had planned and prepared for a potential COVID-19 outbreak in the designated centre. It was evident that they had communicated with the public health team, restricted visiting in line with national guidance and trained staff in specific areas relevant to the COVID-19 pandemic. Key policies and procedures had been reviewed and implemented in line with the most up-to-date infection and prevention control guidance.

This was a good service with effective governance arrangements to promote positive outcomes for residents and provide a service that was resident-led. The registered provider representative (RPR) was available onsite to provide support and leadership. There was evidence of regular management, staff and resident meetings to discuss all aspects of the service delivered.

The centre has a strong history of compliance with the regulations and there were no non-compliances identified on two previous inspections. Areas for improvement found on this inspection included complaints procedures, end of life care, premises, governance and management, risk management, individual assessment and care planning, and medication management. These are discussed under the appropriate regulations.

A review of staff files showed evidence of Garda vetting in line with the centre's recruitment policy.

Appropriate notifications were received by the Office of the Chief Inspector.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse and was in post since 2019. He met the regulatory requirements to hold the post of person in charge and had completed a post registration management qualification. He worked full-time in the designated centre and was supported in his role by the registered provider representative.

Judgment: Compliant

#### Regulation 15: Staffing

There was a minimum of one registered nurse on duty 24 hours per day, and an additional nurse available from 8am - 2pm on Monday to Friday. Recruitment was

ongoing to fill vacancies in order to maintain staffing levels as stated in the statement of purpose. This included nursing and housekeeping staff.

There was a COVID-19 folder available for staff which contained relevant updated public health guidance.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were observed to have access to appropriate training including fire safety, managing responsive behaviour, cardiopulmonary resuscitation, manual handling and infection prevention and control (IPC). This included updated IPC training in the areas of hand hygiene, donning and doffing of personal protective equipment (PPE), transmission-based precautions and breaking the chain of infection in response to the COVID-19 pandemic.

Gaps were identified in the safeguarding training matrix. This was due to the difficulty in facilitating an external trainer on-site during the COVID-19 pandemic. The person in charge had identified this training need and mitigated the risk through provision of online training modules in safeguarding vulnerable adults for staff in the interim.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre. The inspection was facilitated by the registered provider representative (RPR), person in charge (PIC), general manager and quality manager. Staff were knowledgeable on the lines of authority and accountability, and specific roles and responsibilities for all areas of care provision.

There was an effective governance structure in place to prepare for and manage a COVID-19 outbreak in the centre. There were strong links with the public health team, and a contingency plan was reviewed on a regular basis to ensure its effectiveness in the event of an outbreak.

There were management systems in place to ensure the service provided is safe and effectively monitored. There was a comprehensive auditing schedule which included oversight of falls, premises, end of life care and infection prevention and control. However, this required improvement in a number of areas including complaints

procedures, individual assessment and care planning, end of life care, premises, risk management and medication management. This is discussed further under the appropriate regulations.

An annual review for 2019 had been completed and was prepared in consultation with residents in the centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed in 2020 and was on display in the centre. This contained the information set out in Schedule 1. A copy had been submitted to the Chief Inspector as part of the application to renew registration of the centre. The provider had made the required changes to ensure the statement of purpose narrative correlated with the floor plans.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy and procedure in place, and a nominated complaints person in the centre. An electronic record system was made available to record complaints in line with regulatory requirements. Inspectors observed that there were no complaints recorded for 2019 and 2020.

Residents reported that they knew how to make a complaint and felt comfortable doing so. An independent advocacy service was available to residents to assist them with raising a concern if required, and a resident advocate had facilitated the resident group meetings prior to the COVID-19 pandemic.

On discussion with management it was observed that while informal verbal concerns or issues, such as feedback obtained at resident meetings, were addressed immediately by staff, a record of the action taken and whether the complainant was satisfied with the outcome was not consistently documented.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Current written policies and procedures as per Schedule 5 requirements were

available to staff, and were reviewed and updated in accordance with best practice. This included a number of policies being updated to reflect the COVID-19 pandemic and associated risks and restrictions.

Judgment: Compliant

## Quality and safety

Overall this was a well-managed centre with good processes in place to ensure that care and services were of a good standard and that they were safe.

Care in the designated centre was person centred and was found to promote residents' individuality and independence. Staff knew the residents well, and staff and resident interactions were marked by respect and empathy. Residents told the inspector that staff were always available to assist them. Residents said that they had the freedom to do whatever they chose with their day, although the current COVID-19 restrictions had had a significant impact on how they lived their lives in the centre.

The inspectors saw that residents were involved in making decisions about their care and daily routines as well as being involved in feedback about services provided to them. Residents were encouraged to make suggestions during the formal residents' meetings and records showed that residents often made suggestions about food and activities.

The inspector's attention noted the residents' notice board in the corridor outside the main lounge. The notice board displayed the revised social care programme which was being delivered in line with the current restrictions. A weekly activity programme was being maintained for the residents, and residents were observed participating in a music session and an arts and crafts session on the morning of the inspection. Photographs of activities earlier in the year and of Christmas 2019 showed a variety of entertainments and events with external groups and entertainers incorporated into the activity programme.

The designated centre consisted of a renovated period dwelling and a new, purpose built building. The physical environment was set out to maximise residents' independence and comfort.

Inspectors saw that bedrooms and en-suite shower rooms were spacious and appropriately furnished. Residents said that they had enough space to store all of their belongings and that if they needed additional shelves staff would put them up for them. Residents' personal items were close to hand and easily accessible. Furniture was provided in each room, including a comfortable chair, wardrobe provision and a lockable drawer. Residents were able to bring additional items with them if they chose. Residents took a pride in their personal space and said that

housekeeping staff kept their rooms clean and tidy.

There were a number of communal sitting and dining rooms decorated in a variety of themes blending period and modern design. These rooms had a view of the external grounds, including a courtyard garden and the sun room had a view of the local school playground. There was a range of seating available which was arranged to provide different options for the residents.

The inspectors chatted with residents and staff in one of the communal lounges where residents were participating in small group activities or were watching television. Seating was organised to facilitate appropriate social distancing between residents. The inspectors observed staff encouraging residents to clean their hands correctly using the hand gel dispensers located just outside of the lounge.

There were sufficient communal toilet facilities available close to lounge and dining areas. There was also an oratory and a hairdressing room for residents' use.

In line with the current restrictions the provider had organised a dedicated visitor's room with its own entrance. Inspectors saw that there was hand sanitiser available and cleansing wipes so that the chair and table could be sanitised between visitors. Visits were organised by appointment and all visitors were supervised by staff when entering and leaving the visiting area.

The centre was not a pension agent for any residents.

### Regulation 11: Visits

There were appropriate arrangements in place to ensure that residents could receive a visitor of their choice. Visits were managed in line with the current HSPC guidance 'COVID-19 Guidance on visits to Long Term Residential Care Facilities' and local and national restrictions.

There was a nominated member of staff responsible for organising visits and ensuring that the guidance was followed.

Judgment: Compliant

### Regulation 13: End of life

There were clear policies and procedures in place in relation to end of life care. However some improvements were required in the documentation of end of life care plans to ensure that each resident's wishes and preferences, in as far as they were known, were recorded.

Records showed that appropriate care and comfort was available for residents at end of life. This included access to general practitioner (GP) and specialist palliative care when required. Where the resident wanted their family to be with them this was supported by staff in line with the current guidance for compassionate visiting.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises were appropriate to the number and needs of the residents and were in line with the centre's statement of purpose.

The designated centre was well laid out and met the requirements of Schedule 6 of the regulations.

Most areas of the designated centre were well maintained and supported good infection prevention and control processes. However, the inspectors found that maintenance of equipment required better oversight. The inspectors found that one mattress cover was damaged and required replacement and one duvet cover was badly stained and had not been removed from use. In addition, a bathroom in the original house had damaged and stained tiles in what had previously been a shower area, and a skirting board needed to be replaced on the first floor. These areas needed to be repaired/refurbished so that they could be cleaned to an appropriate standard and kept dust free.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk management policy and procedure in place, and this had been updated to reflect the COVID-19 pandemic. An up to date risk register was used to identify and assess risks in the centre, and included the measures and actions in place to control the risks identified.

A comprehensive risk assessment had been completed for the COVID-19 pandemic and there were contingency controls in place. These included workforce planning, infection prevention and control measures, visiting arrangements and resources.

However, a risk regarding the potential transmission of the COVID-19 virus had not been identified by the provider. This involved a staff member working across two different areas in the centre in one day. The provider was responsive to feedback on inspection and discontinued the rostering of staff across more than one area. The

provider has since recruited an extra housekeeper in order to manage this risk.

Judgment: Substantially compliant

### Regulation 27: Infection control

There was a comprehensive infection prevention and control policy in place which had been reviewed and included the latest Health Protection Surveillance Centre 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). Inspectors found that there was good oversight of infection prevention and control practices and as a result standards were high and residents were protected.

A COVID-19 contingency preparedness plan was available for review. It was comprehensive and included a COVID-19 nursing team and a named infection prevention and control lead. The infection prevention and control lead had completed additional training and was responsible for in-house training in this area. The oversight of infection prevention and control practices and processes was well established. This included regular staff training updates and spot checks by senior staff. In addition regular audits were completed and infection prevention and control formed part of the clinical governance monitoring in the centre.

A review of training records showed that staff had completed the recommended infection prevention and control training, including hand hygiene and donning and doffing of personal protective equipment (PPE). Staff were observed to follow correct hand hygiene practices and all staff wore face masks correctly and in line with the guidance. Overall, staff maintained appropriate social-distancing during their work and when taking breaks. However, additional supervision was required to ensure that staff adhered to the guidance when taking smoking breaks.

The standard operating procedure (SOP) for cleaning had been reviewed. Housekeeping staff were knowledgeable about the enhanced cleaning schedules and how to prepare and use cleaning products in line with manufacturer's instructions. The provider had reviewed all cleaning products in use in the centre to ensure they were in line with HSE guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

There were comprehensive fire safety processes in place to ensure that residents and staff were safe in the event of a fire emergency. Fire safety was overseen by

the General Manager and was part of the centre's risk management systems.

Staff who spoke with the inspectors were knowledgeable about what to do in the event of a fire emergency. There were clear evacuation procedures in place and all residents had a personal evacuation plan.

Records showed that fire safety equipment was serviced and repaired in line with the manufacturer's guidance. Staff were trained in the use of equipment such as evacuation sheets.

A tour of the premises demonstrated that fire compartments were maintained by fire doors which closed when the fire alarm sounded. There were no residents accommodated on the first floor of the original house on the day of the inspection. The provider assured inspectors that residents who expressed a wish to live in this part of the centre were assessed to ensure that they were independently mobile and could access the stair case to evacuate the building.

Fire drills were carried out regularly in different areas of the building. Drill records included a simulated night time fire drill when staffing levels were reduced. Fire drill records were comprehensive and included time frames in which drills were completed and identified where learning and improvements were needed.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were comprehensive policies and procedures in place for the safe ordering, storing and administering of medications, however the procedures in place for transcribing medications required improvement to ensure best practice guidance was followed at all times. Nursing staff had access to medication training and updates, however a review of the training records identified that not all nursing staff were up to date with their medication training.

The inspectors observed a medication round and found that medications were administered safely and in line with best practice guidance. However, the inspectors found that a medication which could be taken when required and another newly prescribed medication for the same resident had been transcribed by nursing staff and had not been signed by the resident's general practitioner (GP). In addition the transcribing was not clear and created a potential for error. The error had not been identified by nursing staff and there was a risk that it could be repeated. The person in charge contacted the resident's general practitioner (GP) to have the prescription corrected immediately.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

All residents had a pre-admission assessment prior to them coming to live in the designated centre. This helped to ensure that the centre could meet the resident's needs and that any specialist equipment could be organised prior to their admission.

Following admission the resident underwent a comprehensive nursing and social care assessment that was used to develop their individual care plan. Records showed that residents and/or their families were involved in developing and reviewing their care plans.

Care plans were kept up to date and included each resident's preferences for care and daily routines. In addition care plans included health promotion such as physical exercise and healthy eating diets. Potential problems such as pressure sores were included with clear plans in place for changes in position, specialist equipment and referrals for tissue viability nursing input.

However some improvements were required in relation to care plans for restrictive practices such as bed rails. The care plans reviewed for two residents who were using bed rails did not record what other options had been trialled before the decision was made to use bed rails.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to a range of health and social care agencies to meet their ongoing needs. However, the provider informed the inspector that community physiotherapy and occupational therapy services had become difficult to access since the onset of the COVID-19 pandemic.

Each resident has their own general practitioner (GP). Residents' records showed that they were seen by their GP regularly and that if a resident's condition changed this was reported to their GP. There was out of hours GP service available in the evenings and at weekends.

Residents were encouraged to maintain their health and independence including dental and optical reviews and annual flu vaccinations. Where residents were eligible for national screening programmes this was facilitated by nursing staff.

Judgment: Compliant

## Regulation 8: Protection

There were comprehensive policies and procedures in place to protect the residents from abuse.

All staff had Garda vetting in place before they started to work in the centre. All new staff attended safeguarding training as part of their induction. Two yearly safeguarding update training was available for all staff.

Staff who spoke with the inspectors were clear about their responsibility to report any concerns or allegations of abuse in order to keep the residents safe.

Residents told the inspectors that staff were kind and attentive and that they felt safe in the centre.

Judgment: Compliant

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

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

| Regulation Title                                     | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>                       |                         |
| Regulation 14: Persons in charge                     | Compliant               |
| Regulation 15: Staffing                              | Compliant               |
| Regulation 16: Training and staff development        | Compliant               |
| Regulation 23: Governance and management             | Substantially compliant |
| Regulation 3: Statement of purpose                   | Compliant               |
| Regulation 34: Complaints procedure                  | Substantially compliant |
| Regulation 4: Written policies and procedures        | Compliant               |
| <b>Quality and safety</b>                            |                         |
| Regulation 11: Visits                                | Compliant               |
| Regulation 13: End of life                           | Substantially compliant |
| Regulation 17: Premises                              | Substantially compliant |
| Regulation 26: Risk management                       | Substantially compliant |
| Regulation 27: Infection control                     | Compliant               |
| Regulation 28: Fire precautions                      | Compliant               |
| Regulation 29: Medicines and pharmaceutical services | Not compliant           |
| Regulation 5: Individual assessment and care plan    | Substantially compliant |
| Regulation 6: Health care                            | Compliant               |
| Regulation 8: Protection                             | Compliant               |

# Compliance Plan for Woodlands House Nursing Home OSV-0000186

Inspection ID: MON-0030739

Date of inspection: 12/11/2020

## 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 23: Governance and management  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All the Management team in Woodlands House are fully committed to the highest standards of corporate governance. We intend to review our management systems to ensure responsibilities are clearly defined and actioned and that resources are used in a timely, appropriate way to ensure effective delivery of care in accordance with the statement of purpose. In particular the auditing process and schedule will be reviewed for efficiency particularly in the areas outlined in the report.</p>   |                         |
| Regulation 34: Complaints procedure   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>At Woodlands House we recognize that complaints can inform our behaviours and processes and even though we have received no formal complaints through our established comprehensive complaints process we will review the process fully, and ensure all residents and NOK are informed of formal and informal complaints procedures On admission and refreshed thereafter.</p> <p>Formal complaints are currently recorded as per policy in line with the regulation.</p> <p>Informal complaints will be recorded and are as of now.</p> <p>Ensure nominated person aware of their responsibilities in regard to informal complaints ,monitor timeline of investigation process, action and review, monitor auditing of same,</p> |                         |

|  |                         |
|--|-------------------------|
| <p>discuss any complaints received at management meetings, review outcome and if resolved to the satisfaction of the complainant.</p>  |                         |
| Regulation 13: End of life   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 13: End of life: Residents wishes in relation to all aspects of their stay in Woodlands are of paramount importance.</p> <p>We intend to review all EOLC care plans to ensure the resident's religious, cultural, physical, emotional, social ,psychological and spiritual needs are addressed, provided and preferences documented.</p> <p>In particular, review of consent in regard to information sharing and review of location preference of resident when approaching end of life.</p> <p>When appropriate or if resident opens the conversation, discuss with resident any change in their will and preference as currently documented.</p> |                         |
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: Review of environmental auditing practices and actions to ensure capture of any defaults requiring attention and directing resources in a timely manner to areas of need. The review of the current weekly maintenance log to improve response times as necessary.</p> <p>Ensure staff are trained in implementation of risk management and IPC measures to avoid unnecessary exposure.</p>   |                         |
| Regulation 26: Risk management   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>We recognize the identification and management of risks as an essential aspect of ensuring the safety of our residents. We will review our risk management policy to identify hazards and assess risks, in particular to avoid staff cross contamination in</p>   |                         |

working practices. Review of roster and staff practices to prevent this occurrence.

To reinforce and improve social distance markings in outdoor staff smoking area.

To ensure staff are knowledgeable in regard to IPC measures and apply the principles at all times during the working day.

|  |               |
|--|---------------|
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
|--|---------------|

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Review of medication management policy in particular the area of transcription. To ensure all nursing staff are knowledgeable with regard to the policies and procedures contained within and implementing the same. Ensure that all nursing staff are current with medication management training .

To ensure nursing staff are aware of GP and pharmacist responsibilities ,involvement and availability should a question arise to which they are unsure of the answer.

Review the current monthly system and individual responsibilities of the auditing, monitoring, reviewing process of prescription and administration records to prevent transgressions.

|   |                         |
|---|-------------------------|
| 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:

Review of all polices and procedures in relation to care planning with particular focus on correct use of restrictive practices and documentation of residents wishes with the goal of reducing the use if safe and possible.

Ensure all staff have received current restrictive practice training and are adhering to the principles.

Discuss with nurses their individual responsibilities for assigned care plans and the importance of a comprehensive holistic approach, intervention and recording.

Review resident consultation methods, policies and procedures and consent records of resident using restrictive practices.

Review process of assessing use of restrictive practices ,documentation of alternatives trialed, the monitoring, recording, auditing and reviewing of these practices on a quarterly basis or more frequently as necessary.

Continue to collect and analyze data on the use of restrictive practices to identify gaps and trends which can be reduced, improved or removed.

## 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 13(1)(d) | Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable. | Substantially Compliant | Yellow      | 15/02/2021               |
| Regulation 17(1)    | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared   | Substantially Compliant | Yellow      | 15/02/2021               |

|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
|                     | under Regulation 3.   |                         |        |            |
| Regulation 23(c)    | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.   | Substantially Compliant | Yellow | 15/02/2021 |
| Regulation 26(1)(a) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.   | Substantially Compliant | Yellow | 15/02/2021 |
| Regulation 29(5)    | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | Not Compliant           | Orange | 15/02/2021 |
| Regulation 34(1)(f) | The registered provider shall provide an accessible and effective   | Substantially Compliant | Yellow | 20/01/2021 |

|                  |   |                         |        |            |
|------------------|---|-------------------------|--------|------------|
|                  | 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.                              |                         |        |            |
| 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 and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan. | Substantially Compliant | Yellow | 20/01/2021 |
| Regulation 5(1)  | The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).   | Substantially Compliant | Yellow | 28/02/2021 |