



**Health  
Information  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Blair's Hill Nursing Home
Name of provider:	Blair's Hill Nursing Home Limited
Address of centre:	Blair's Hill, Sunday's Well, Cork
Type of inspection:	Unannounced
Date of inspection:	10 November 2020
Centre ID:	OSV-0000201
Fieldwork ID:	MON-0030059

## About the designated centre

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

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms. 30 of the bedrooms are en suite with toilet and wash hand basin. There are eight residents accommodated in single rooms in each of the first and second floors and the remaining residents are on the ground floor. There are two bathrooms with shower, toilet and wash-hand basin on the first and second floors; there are showers and toilets alongside communal areas and bedrooms on the ground floor. Communal areas comprise a large conservatory day room, a smaller sitting room, seating along the corridor joining the conservatory and sitting room, two dining rooms, smoking room and oratory. Blair's Hill Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence and respite care is provided.

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

Number of residents on the date of inspection:	37
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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
Tuesday 10 November 2020	09:00hrs to 17:30hrs	Breeda Desmond	Lead
Wednesday 11 November 2020	09:00hrs to 16:30hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

Staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature checks. The inspector observed that visitors to the centre were guided through the same precautions.

Good social distancing practices were observed. Chairs were removed from the conservatory to increase the space between residents and de-clutter the area which made the environment safer to mobilise around. The centre was visibly clean.

The inspector spoke with several residents during the inspection. Residents said that staff were friendly and kind and the care was good. Residents spoken with understood the necessity for the COVID-19 precautionary restrictions, but voiced that the latest restrictions were necessary but the days were very long without visitors calling. Residents were well dressed and appeared comfortable and relaxed in their setting.

The inspector observed breakfast time and resident came and went to the dining room at their leisure and were offered choice. In the morning, the activities staff chatted with residents to see how they were, offered them the newspaper and socially engaged with them. One-to-one resident activities was observed throughout the inspection and normal social engagement was evident where staff chatted with residents and asked about their night and how they were. However, there was no activities scheduled for the afternoon and residents reported that the days were very long. This was more evident with Level 5 restrictions of no visitors and the weather was shocking so residents were unable to go outdoors.

A large Christmas tree adorned the conservatory and resident said they were delighted with it as it brightened the place up in the middle of COVID-19. They also reported that the rest of the decorations had to in place before the Late Late toy show on 27 November and they were looking forward to all that.

The inspector observed interactions of staff and residents and saw that, in general, residents were treated with kindness and respect, and staff knew residents' preferences and routines well and socially interacted with residents. However, occasionally the inspector observed little or no engagement with residents.

Mealtimes were observed and good interaction was seen between staff and residents. Staff were observed assisting resident with hand washing before their meals or using hand wipes for those residents unable to use the hand-wash sink. Meals were pleasantly presented and tables were appropriately set prior to residents coming to the dining rooms. However, residents were brought to the dining room at 12:10hrs even though their dinner was not served until 12:50hrs. In the afternoon, staff offered residents bowls of fruit salad and fluids and provided

appropriate assistance to residents where necessary.

## Capacity and capability

Blair's Hill Nursing Home was a residential care setting operated by Blair's Hill Nursing Home Limited. The registered provider representative attended the centre most days. The person in charge was full time in post and was supported on-site by the deputy person in charge, senior nurses, care staff and administration. Clinical governance meetings were facilitated on a monthly basis by the registered provider. Minutes of these meetings were set out in the format of the National Standard Themes and standard statements underpinning these. Minutes of meetings showed good discussion regarding areas of clinical and governance significance as well as regulatory requirements. Action plans were developed following each meeting with responsibilities assigned for the actions, with time-lines and progress notes. Key performance indicators were recorded on a monthly basis and these fed into clinical governance oversight. Regular staff meetings were facilitated to enable effective communication. Overall, the findings on this inspection demonstrated that there was a commitment to quality improvement and examples of this will be discussed in the report.

The annual review of the service as required in Regulation 23 was set out in the HIQA template with information relating to the themes of the National Standards. Improvements required were detailed, with responsibilities assigned and time-lines for completion. Monthly audits were undertaken regarding clinical areas such as medication management and psychotropic medication usage, hand hygiene and activities for example. A few observational audits were completed which demonstrated similar findings to those of the inspection regarding staff interaction with residents and the need for a more consistent approach to interaction and activities.

While a health and safety audit completed in August 2020 was quite detailed and had an action plan for remedial actions, many of the issues identified on inspection were not detailed in the audit to be actioned. For example, the poor drainage of showers on the first and second floors; some surfaces on bedroom furnishings were quite worn. Many areas required painting and the registered provider advised that the painter had commenced refurbishment but had to be postponed due to Level 5 restrictions.

COVID-19 contingency planning was discussed. The person in charge was identified as the on-site lead with the deputy person in charge and senior nurse identified sequentially should the need arise. The COVID-19 self-assessment was completed and updated by the person in charge. The evaluation identified areas for improvement and remedial actions taken in line with current HPSC guidance. The COVID-19 policy included amendments to Schedule 5 policies, for example, the admissions and transfer policy, visiting and end of life care policy. These were last

updated in May 2020 in accordance with the HPSC guidance. While policies were not updated with the most recent guidance from the HPSC, the person in charge was articulate with current information regarding admissions and transfers back into the centre and the isolation protocols necessary and she was adhering to this. Contact details of the crises management team were part of the information available to staff. The risk register was updated to reflect the risk associated with COVID-19 pandemic.

An easy-read HPSC guidance was displayed in the dining room for residents information. As part of their COVID-19 quick reference material, records were in place for ease of identification of residents' resuscitation status, intervention wishes, frailty score, their respiratory history, testing results and their next-of-kin contact details.

The person in charge had introduced staff teams in the previous weeks as part of their COVID-19 contingency planning to minimise contacts and enable easy contact tracing if required. The duty roster, staff numbers and skill mix were reviewed. Cognisant of the size and layout of the centre, a review of the nursing roster was necessary to ensure that there were two nurses on duty as occasionally there was just one nurse on the roster, which was totally inadequate for residents accommodated over three floors. This impacted resident care, for example on medication rounds; the inspector observed medication rounds on both days of inspection and even though there were two nurse on duty, both responsible for medication, 8am medication rounds finished between 10:35 - 10:45hrs. This was outside An Bord Altranais recommended time-lines for completion of medication rounds.

Four staff were trained in COVID-10 swabbing and fortnightly staff swabbing was completed. It was reported that staff had completed precautionary COVID 19 training in areas such as hand hygiene, respiratory hygiene and cough etiquette, donning and doffing personal protective equipment (PPE) for staff and breaking the chain of infection. However, several practices observed during the inspection and practices articulated by staff did not adhere with infection control best practice. For example, personal care delivery and inappropriate use of one sink in the laundry. These practices were not identified due to lack of observational audits and staff supervision.

Accident and incident records were examined and showed thorough investigations and actions taken to mitigate recurrence of incidents and accidents. Most occurrences were appropriately notified in line with regulatory requirements, however, some incidents and suspected COVID-19 cases were not submitted. These were discussed with the person in charge and issues were clarified regarding such notifications.

A sample of staff files examined showed that documentation relating to Schedule 2 of the regulations pertaining to staff were in place including vetting in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012.

A synopsis of the complaints procedure was displayed in the centre. This was in an

accessible format and easy to follow for residents. There was a poster with information relating to advocacy services displayed in the conservatory for residents. The complaints log was examined and issues raised were dealt with thoroughly and in a timely manner.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had timely submitted the appropriate documentation and information to make a successful application to renew the registration of Blair's Hill Nursing Home. Fees were paid.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was full time and had the necessary experience and qualifications as required in the regulations. She facilitated the inspection in an open manner and demonstrated good knowledge regarding her role and responsibility. She was articulate regarding governance and management of the service and quality improvement initiatives required to enhance the service.

Judgment: Compliant

#### Regulation 15: Staffing

Cognisant of the size and layout of the centre, a review of the nursing roster was necessary to ensure safe and appropriate care.

Judgment: Not compliant

#### Regulation 16: Training and staff development

While training sessions were followed up by practical demonstrations, some practices seen on inspection were not in keeping with best practice.

Staff supervision was not evidenced throughout the inspection to be assured that staff adhered with best practice.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

Residents' details were maintained in line with the requirements of Schedule 3 (3).

Judgment: Compliant

### Regulation 21: Records

A sample of staff files was examined and information required in Schedule 2 was in place including vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for all staff; these were securely maintained. Documentation demonstrated that staff appraisals were completed on an annual basis. Where indicated, performance reviews were undertaken and these were comprehensive.

While medications were prescribed for 08:00hrs, the medication rounds were not finished until 10:35hrs-10:45hrs. These time-lines were outside time-lines recommended by An Bord Altranais and Cnaimhseachas professional guidance.

Judgment: Substantially compliant

### Regulation 22: Insurance

A current certificate of insurance was evidenced in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

To be assured that the service provided was safe, appropriate and consistent, additional systems were required to ensure effective monitoring of practice. For example, better staff supervision and observational audits to ensure a consistent high standard of care. A more robust audit programme with actions, time-lines and responsibility assigned would support their quality improvement plan.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose was displayed in the centre. It required updating to include:

- deputising arrangements when the person in charge was absent from the centre
- whole time equivalent staff numbers
- room numbers, sizes and function.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notification of suspected COVID-19 cases were not submitted and the issue relating to this was clarified with the person in charge. The incident and accident records were examined and some falls requiring hospital review were not notified in line with regulatory requirements.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints procedure was displayed in the reception area and this was easy to follow and accessible for residents. Complaints records were examined and complaints were seen to be dealt with in a timely manner and issues were thoroughly investigated. Records were maintained in line with regulatory requirements. An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed in the conservatory.

Judgment: Compliant

## Quality and safety

In general, the inspector observed that the care and support given to residents was respectful, relaxed and unhurried; and staff were kind, and were familiar with residents preferences and choices and facilitated these in a friendly manner. However, staff supervision was inadequate to be assured that the service provided was safe, appropriate and afforded residents choice.

There was positive feedback from residents regarding consultation about their care. Residents reported that their meetings were facilitated on a monthly basis. They were given regular updates and information regarding COVID-19 and the changing HPSC guidance. The inspector observed staff helping residents wash their hands before meals or using hygiene wipes for hand hygiene for those who were unable to use the hand-wash sink. The centre was gifted ipads and mobile phones during lock-down which enabled residents to use Skype to chat and see their families and friends. The inspector observed staff helping residents use the technology and discuss different apps to increase their knowledge-base.

Residents had access to allied health professionals including tissue viability nurse specialist, palliative care and psychiatric services. Residents documentation showed that they had timely access to speech and language therapist, occupational therapist and dietician.

Residents had care plans and assessments associated with specific risks such as falls, pressure impacting, however, general assessments to establish a resident's baseline from which to develop a care plan was not in place. Nonetheless, the information relating to assessments was sometimes found in the care plans seen. However, these were not updated in accordance with the regulations. A sample of residents care plans reviewed showed really good person-centred plans to inform individualised care and support. Residents had behavioural support plans to trend and identify issues that may have triggered a resident's behaviour to enable better outcomes for residents. Staff spoken with had good insight into residents specific care needs relating to behaviours. Emergency plans in the event of COVID-19 outbreak were in place for residents and this included an evaluation of resident's capacity to make decisions regarding their care and intervention if they became acutely unwell. Many of these were signed by individual residents following detailed discussions around COVID-19 and its possible impact. End-of-life care plans showed detailed discussions with residents about their wished and preferences. A daily narrative of residents' status was recorded by day and night duty staff.

Self assessments relating to dementia care, restrictive practice and food and nutrition were completed by the person in charge in July 2020. These showed good insight of the service and areas for improvement, actions necessary and alternatives to be trialled to improve outcomes for residents.

Medication management was reviewed. Controlled drugs were maintained in line with professional guidelines. Medication reconciliation was in place as part of residents' documentation. Transcription occurred in the centre and this was completed in line with best practice with dual nurses' signature and signed and dated by the GPs. Medications were discontinued in line with professional guidelines. Anticipatory prescribing was in place as part of COVID-19 precautions to ensure

residents had access to appropriate medications in a timely fashion, should the need arise. Medication rounds were observed on both mornings of inspection. While medications were prescribed for 08:00hrs, the medication round was not finished until 10:35hrs-10:45hrs. These time-line were outside the time-lines recommended by An Bord Altranais and Cnaimhseachas professional guidance.

The infection prevention and control quality improvement plan and the COVID-19 contingency plans were updated in line with current HPSC guidance. Staff had attended HSE webinars and completed related training on HSEland. Four staff were trained in swabbing procedures. The cleaning schedule was identified as requiring improvement by the person in charge and she had developed a more comprehensive cleaning schedule which had just been rolled out. While social distancing and good hand hygiene practices were observed, issues identified regarding infection control included the following:

- work-flows in the laundry
- layout of the laundry
- practices around use of shower facilities for residents
- poor drainage in two showers on the first and second floor
- lack of shelving in store rooms in the basement for dry goods
- lack of shelving in the store room alongside the laundry
- inappropriate storage of items in sinks in the basement
- rolls of blue plastic aprons were left on handrails along corridors on all floors
- the surfaces of some furnishings was worn, impeding the ability for effective cleaning.

There was lift and stairs access to all floors. Some flooring and furnishings were upgraded since the last inspection. A new secure sluice room was installed and this was a significant improvement; it was centrally located and easily accessible. Refurbishment of the premises had commenced however this was on hold due to COVID-19 Level 5 restrictions. Nonetheless, the registered provider gave assurances that re-decorating would re-commence as soon as the HPSC Level 5 restrictions eased.

While staff spoken with described procedures to follow in the event of a fire, fire drills and evacuations records reviewed did not include details of what was undertaken as part of the training exercise. Consequently it could not be assured that evacuation of a compartment could be completed in a timely manner. In general, daily fire safety checks were completed, however, occasionally they were not completed in the sample records reviewed. Placement of a hoist at the top of a stairwell was not identified as a possible issue, especially at night time, regarding maintaining means of escape.

Residents were observed coming to the dining room throughout the morning for their breakfast and offered lots of choice. Tables were nicely set for residents prior to their meals with delph, napkins and condiments. Meals were pleasantly presented and residents were appropriately assisted in accordance with their needs. However, residents were brought into the dining room at 12:10hrs even though their meal was not served until 12:50hrs. The activities programme was inadequate

and opportunities for residents to participate in activities in accordance with their interests and capacities was limited.

### Regulation 11: Visits

Information pertaining COVID-19 visiting restrictions and precautions was displayed at entrances to the centre. Scheduled visits were on-hold in line with Level 5 restrictions. The person in charge described contingency plans should a resident need end of life care to enable family members be with the resident. Infection control precautions were in place on entering the building regarding the visitor's temperature and advise regarding wearing masks and hand hygiene.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had sufficient space in which they could store their clothing and personal belongings, including lockable storage for valuables. In general, residents had personalised their bedrooms in accordance with their preferences, with their own decorations, flowers, ornaments, furniture and photographs.

Judgment: Compliant

### Regulation 13: End of life

As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. Residents' care plans were up-to-date regarding end-of-life care decisions relating to COVID-19 infection, including whether to be transferred to the acute care setting and resuscitation interventions. All of which were discussed with residents, and when relevant their next of kin as well as the GP. The sample of end of life care plans examined showed that staff had spent time with the resident, listened to them and documented their wishes. Pain management was monitored and resident-led, and notes showed that staff knew the resident well and responded to their needs to ensure comfort.

Judgment: Compliant

## Regulation 17: Premises

Refurbishment of the premises was on hold due to COVID-19 Level 5 restrictions. Nonetheless, the registered provider gave assurances that re-decorating would recommence as soon as the HPSC restrictions were eased.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents were observed coming to the dining room throughout the morning for their breakfast and offered lots of choice. Tables were nicely set for residents prior to their meals with delph, napkins and condiments. Meals were pleasantly presented and residents were appropriately assisted in accordance with their needs. Residents had access to speech and language and dietician services and specialist dietary requirements were catered for.

Judgment: Compliant

## Regulation 20: Information for residents

The residents' guide formed part of the information hub and was displayed for residents' perusal. It contained the information as listed in Regulation 20.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

Residents' records demonstrated that relevant information about the resident was provided to the receiving designated centre, hospital; upon return to the designated centre, nursing staff ensured that all relevant information was obtained from the discharge service and allied health professionals.

Judgment: Compliant

## Regulation 27: Infection control

Issues identified regarding infection control included the following:

- work-flows in the laundry
- layout of the laundry
- practices around use of shower facilities for residents
- drainage associated with two showers
- lack of shelving in store rooms in the basement for dry goods
- lack of shelving in the store room alongside the laundry
- inappropriate storage of items in sinks in the basement
- rolls of blue plastic aprons were left on handrails along corridors on all floors
- the surfaces of some furnishings was worn, impeding the ability for effective cleaning.

Judgment: Not compliant

### Regulation 28: Fire precautions

While staff spoken with described procedures to follow in the event of a fire, fire drills and evacuations records reviewed did not include details of what was undertaken as part of the training exercise. Consequently it could not be assured that evacuation of a compartment could be completed in a timely manner.

In general, daily fire safety checks were completed, however, occasionally they were not completed in the sample records reviewed. Placement of a hoist at the top of a stairwell was not identified as a possible issue, especially at night time, regarding maintaining means of escape.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Controlled drugs were maintained in line with professional guidelines. Medication reconciliation was in place as part of residents' documentation. Transcription occurred in the centre and this was completed in line with best practice. Medications were discontinued in line with professional guidelines. Anticipatory prescribing was in place as part of COVID-19 precautions to ensure residents had access to appropriate medications in a timely fashion, should the need arise.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

While information relating to assessments was seen in care plans and residents had care plans and assessments associated with specific risks such as falls and skin integrity, general assessments to establish a resident's baseline from which to develop a care plan were not in place.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspector was satisfied that the healthcare needs of residents were met. Residents had access to general practitioners and a team of allied health care professionals including occupational therapy, speech and language therapy, dietitian, palliative care and psychiatry.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The centre promoted a restraint-free environment. Residents were encouraged and supported to optimise their independence where possible and had free access to safe outdoor space. Residents spoken to said they felt safe in the centre. All staff working in the centre had received training in dementia care and behaviours that challenge.

Judgment: Compliant

## Regulation 8: Protection

All staff working in the centre had received training in safeguarding vulnerable adults. Concerns raised by residents were thoroughly investigated by the person in charge. Performance management and staff appraisals formed part of quality improvement and oversight. Protection of residents was routinely discussed at staff meetings to ensure staff understood the concept of abuse and protection.

Judgment: Compliant

## Regulation 9: Residents' rights

The activities programme was inadequate and opportunities for residents to participate in activities in accordance with their interests and capacities was limited.

On both days of inspection some residents were brought into the dining room at 12:10hrs even though their meal was not served until 12:50hrs.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Blair's Hill Nursing Home OSV-0000201

Inspection ID: MON-0030059

Date of inspection: 11/11/2020

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            We will review how we roster the duty of the nurses and subsequently we use these resources to put extra staff where we may be experiencing times where a higher level of care is needed. We are also in process of recruiting another nurse.</p> <p><b>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</b></p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            We have had meeting with the staff with regards to issues not in keeping with regulation and best practice found during the inspection, and we have taken steps to improve our monitoring of the staff. We will be doing more frequent observation sessions which in turn will be audited 3 monthly. The nurses will be more involved in that, they will carry out some of the observations sessions. A nurse will also be allocated to go on the floor from 12pm to 2pm to monitor and supervise the staff to ensure safe practice.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Medication will be administered between 10am and 11am instead of 8am and will be done by two nurses. The plan is to administer the medication over shorter time span in keeping with best practice.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: We will be now creating an audit of your observations and monitoring sessions whereby we can review what action we need to take and how we can improve on areas that will be highlighted as needing action and improvement. Currently we have been carrying out monthly observation sessions, instead we will do a weekly sessions and the audit will be carried out every 3 months. In this review we will decide on action plan. We will also review our disciplinary process.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose and Function has now been reviewed and records have been completed as per regulations.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: We have discussed with the Inspector the notification procedure and we are fully aware of the regulation and the need for submitting notification to HIQA.</p>	

With regards to the notification we have at times problems with portal setups which mean we have had to post the notification causing delays. We will have this checked out in the coming week.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Arrangements for the building to be painted is already in progress. Damaged furniture will be inspected and replaced where needed.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

1. The laundry will be refurbished to allow for a separate area for clean laundry and area for laundry to be washed. More suitable shelving will also be installed in keeping with safe practice. The old sluice room has already been decluttered and new shelving will be installed to allow extra room for linen.
2. The basement has been cleaned and decluttered and plans for more appropriate shelving for dry goods was discussed.
3. A new drainage system is currently been installed in the showers upstairs, which will improve use of shower facilities.
4. Blue plastic apron rolls will not be stored along the hand rails on the corridors and we have discussed this with the staff. They will be stored on a special compartment on wall near the staff office.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. We have arranged with our Fire Officer to come in on the 11th December and provide training on evacuation of residents focusing on the night staff. He is aware of our need

for improvement and will go through our records and will direct us in the necessary changes needed especially with regards to details of what was undertaken and how to complete evacuation in a timely manner. The Fire Officer will also go through proper procedure for evacuation with our Fire Warden. Fire safety checks records were reviewed and will be done in the future in line with regulation.

2. Fire safety checks records were reviewed and will be completed in the future in line with regulations.

3. We have decided that the hoist will be removed from the top landing at night to maintain better means of escape.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 General assessment of all residents will be carried out in the next two months. We are in the process of organising an assessment format in keeping with regulations. We are in the process of reviewing our Care Plan system. We are discussing the possibility of introducing Epic Care Plan programme.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. We have already began training for a second person to provide full time activity programme for residents. She will concentrate on activities and pastimes for residents during the afternoon to shorten the long afternoons for them. We have planned a new care plan system for our next admission which will include a new general assessment establishing residents baseline from which we will develop the care plan.
2. We have had a meeting with the staff with regards to bringing the residents to the dining room in timely manner to ensure they are not kept waiting too long for their meals.

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	25/02/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	16/12/2020
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	Substantially Compliant		21/01/2021

	the matters set out in Schedule 6.			
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	21/12/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	20/12/2020
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.	Not Compliant	Orange	25/01/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/01/2021
Regulation 28(1)(d)	The registered provider shall make	Substantially Compliant	Yellow	14/01/2021

	arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/01/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned	Substantially Compliant	Yellow	07/12/2020

	and containing the information set out in Schedule 1.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	07/12/2020
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	02/02/2021
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	Substantially Compliant	Yellow	02/02/2021

	family.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	21/01/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	20/12/2020
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	20/12/2020