



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

## Issued by the Chief Inspector

Name of designated centre:	Brookfield Care Centre
Name of provider:	Brookfield Care Services Limited
Address of centre:	Leamlara, Cork
Type of inspection:	Announced
Date of inspection:	26 November 2019
Centre ID:	OSV-0000206
Fieldwork ID:	MON-0022755

## About the designated centre

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

Brookfield Care Centre is a purpose built premises, which commenced operation in 2003. The centre is situated in a rural location close to the village of Leamlara in Co. Cork. It can accommodate 63 residents in a variety of single bedrooms, some of which are en suite and others that are not en suite to allow for manoeuvring assistive equipment. Some of the en suite facilities contain a shower, toilet and wash hand basin and others contain a toilet and wash hand basin only. The centre is located on large landscaped grounds with adequate parking for visitors and staff. Residents have access to a number of secure outdoor areas with raised plant beds and garden furniture. The centre comprises three distinct units, each of which has bedroom accommodation for 21 residents and are self contained with their own communal and dining space. One of these units is designated as a dementia specific unit and access to this unit is through a coded door lock. The centre provides long-term accommodation to residents over the age of 18 years but predominantly to residents over 65 years of age. Residents are cared for by a team of nurses and healthcare assistants with the support of ancillary personnel. Residents can retain the services of their own GP.

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

Number of residents on the date of inspection:	62
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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 26 November 2019	09:30hrs to 18:00hrs	John Greaney	Lead
Wednesday 27 November 2019	09:00hrs to 18:00hrs	John Greaney	Lead

## What residents told us and what inspectors observed

The inspector met with residents and noted that, throughout the inspection, residents were seen to be treated with dignity and respect and choices were being respected. Residents spoken with were satisfied with the service. Residents spoke very highly of the staff describing them as kind and caring.

Residents said they were happy with their rooms. They felt their privacy was respected. All residents spoken with said they felt safe in the centre as staff were always around. Residents confirmed that they would have no hesitation in speaking to staff if they had a concern.

Residents said that they knew how to make a complaint and felt it would be addressed.

## Capacity and capability

There was a clearly defined management structure in place, with effective governance arrangements for the day-to-day operation of the centre. There were effective management systems for the monitoring of the quality and safety of care delivered to residents. Some improvements were required in relation to staff training and records of actions to be completed in response to the findings of audits.

The person in charge worked full time in the centre and reported to two directors, both of whom were usually present in the centre for a number of days each week.

There were systems in place for monitoring the quality and safety of care provided to residents. There was an annual review of the quality and safety of care. There was a need, however, to ensure that the views of residents were incorporated into the review through more frequent consultation with residents. There was a wide range of audits across a range of areas. There was a need for more detailed action plans to ensure that areas for improvement identified through the audit process were addressed.

There were systems of communication in place to support staff with providing safe and appropriate care. There were handover meetings at the start of each shift to ensure good communication and continuity of care from one shift to the next. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and residents' needs.

Duty rosters were maintained for all staff and during the two days of inspection, the number and skill-mix of staff working during the day and evening was observed to

be appropriate to meet the needs of the current residents.

The inspector reviewed a sample of staff files, which included most of the information required under Schedule 2 of the Regulations. Evidence of registration for 2019 was seen for nursing staff. Garda vetting was in place for all staff and no staff commenced employment until all aspects of vetting were in place. References were available for all staff in the sample of files reviewed, including a reference from the person's most recent employer. While there were employment histories for each member of staff, there were gaps in the employment history of some staff for which a satisfactory explanation had not been recorded.

There were systems in place to manage critical incidents in the centre. A review of the incident log indicated that each incident was reviewed and actions were taken to minimise the risk of recurrence. There was also a periodic audit of falls to identify if there were any trends or opportunity for improvements in falls prevention.

Staff were appropriately supervised and supported to perform their respective roles. Significant improvements were required in relation to training as a number of staff were overdue attendance at mandatory training including, responsive behaviour, safeguarding residents from abuse, fire safety and manual and patient handling. Staff were familiar with the procedures for reporting any suspicions or allegations of abuse. There were robust procedures in place to manage pensions and resident's monies.

There was adequate oversight of complaints. Staff recorded both verbal and written complaints.

#### Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager. He has the required experience in care of the older person, the required experience in a managerial position and the required management qualification in a health or related field. The person in charge is involved in the day to day operation of the centre and it was evident that residents were familiar with the person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

Based on a review of the staff roster, the observations of the inspector and discussions with staff, there were adequate numbers and skill mix of staff to meet the needs of the residents living in the centre on the days of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

There were arrangements in place for the supervision of staff that included a comprehensive induction process for new staff and ongoing appraisals for existing staff. Not all staff, however, had undergone the appraisal process.

There was a programme of training and staff were generally supported to attend relevant training. A review of training records, however, indicated that not all staff had not attended training in mandatory areas such as fire safety, manual and people handling, safeguarding residents from abuse and responsive behaviour. It was also identified to the inspector that only those staff that worked in the dementia specific unit were supported to attend training in responsive behaviour when all staff would benefit from this training.

Judgment: Not compliant

### Regulation 21: Records

Records were store securely and easily retrievable. A review of a sample of personnel records indicated that all staff were Garda vetted prior to commencing employment. Each member of staff had two employment references that included a reference from the person's most recent employer. While there was a curriculum vitae for each employee, the employment history for some staff contained gaps for which a satisfactory explanation had not been recorded.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was a record of current insurance available in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure with clear lines of authority and accountability for the running of the centre on a daily basis. There are two directors in the company that own and operate the centre, each of whom are usually present in the centre for a number of days each week. The person in charge reports directly to the directors and is supported by an assistant director of nursing and a number of clinical nurse managers. The person in charge is usually present in the centre from Monday to Friday and is on call at weekends. There is also a clinical nurse manager on duty each weekend.

The quality and safety of care was monitored through an annual review of the quality and safety of care and through a programme of audits. The programme of audits included audits of medication management, infection prevention and control, the environment, and accidents and incidents. The inspector was informed that there was an informal audit of complaints but this was not documented. The audit process could be enhanced by the addition of an action plan identifying required improvements, time frame for implementing improvements, person responsible for implementing improvements and a sign-off indicating that the action plan had been completed.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Each resident had a written contract of care that detailed the services to be provided and the fees to be charged. The contract did not include details of the room to be occupied by the resident and did not include fees for additional services, such as chiropody and hairdressing.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose that contained most of the requirements of the regulations. It did not, however, contain adequate detail of rooms in the designated centre, including their size and primary function.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of the accident and incident log indicated that notifications required to be submitted to the Office of the Chief Inspector were submitted within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy and procedure in place outlining the process for managing complaints, which included an appeals process. The procedure was on prominent display. A review of the complaints log indicated that complaints were recorded, investigated and also included whether or not the complainant was satisfied with the outcome of the complaint.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were available in the centre and all had been reviewed at a minimum of every three years. A review was required to ensure that all policies were in compliance with relevant professional guidance, such as guidance from the relevant nursing body for the management of medications. The emergency plan also required review as it did not identify a location for the safe placement of residents in the event of the need for a prolonged evacuation.

Judgment: Substantially compliant

### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There was no period when the person in charge was absent for an extended period of time. Adequate arrangements were in place for the management of the centre during the absence of the person in charge.

Judgment: Compliant

## Quality and safety

Overall, residents had a good quality of life. Their rights, privacy and dignity and independence were promoted and protected. While there was evidence of good practices in the centre and care was person-centred, significant improvements were required in relation to fire safety and medication management.

The design and layout of the centre was generally suitable for its stated purpose. Resident' accommodation comprised sixty three single bedrooms. The bedrooms varied considerably in design and layout. Fourteen bedrooms were considered high dependency and accommodated the more dependant residents. These rooms were not en suite and just contained a wash hand basin in the room. There were forty six bedrooms that were en suite, thirty five of which were en suite with shower toilet and wash hand basin and the remaining eleven had toilet and wash hand basin only. Three single rooms were not considered high dependency and did not have en suite facilities. There was ample communal space and outdoor space that was landscaped to a high standard and was readily accessible to residents.

Fire safety practices were reviewed and it was identified that significant improvements were required. As a result of these findings an urgent action plan was issued to the provider on the day following this inspection to address these findings as a matter of urgency. The improvements predominantly related to the absence of robust procedures to evacuate the more dependant residents in the event of a fire. Residents did not have personal emergency evacuation plans in place and all staff were not clear on the most effective means of evacuating these residents in a timely manner in an emergency situation.

There was a need to enhance fire drills to ensure they incorporated the simulated evacuation of residents based on the dependency level of residents in each fire compartment at a given time. there was also a need to review fire safety training in the context of the frequency in which it was provided and also to ensure that all staff had attended training and had up-to date knowledge.

The rights and dignity of each resident was respected. There was a programme of activities that included both group and one-to-one activities. Residents rights were protected through access to voting and religious services. There was also access to the services of an independent advocate.

Residents' healthcare needs were met to a good standard. Residents were facilitated with access to a general practitioner (GP) of their choice and were reviewed regularly. There was good access to allied health and specialist services such as dietetics, speech and language therapy, physiotherapy, dental and opticians. Residents in the centre also had access to specialist mental health services and were reviewed as required.

There were written operational policies on the ordering, prescribing, storing and administration of medicines to residents. These policies required review to ensure they complied with recommended guidance in relation to the management of medicines requiring special control measures. There was also a need to review prescriptions to ensure they were updated regularly and supported the safe

administration of medicines. Not all prescriptions in the centre were updated to reflect prescriptions submitted to the pharmacy by the registered prescriber or medical practitioner.

There were systems in place to ensure residents' nutritional needs were met, and that residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked regularly. Residents were provided with a choice of food at mealtimes, including residents that were prescribed modified texture diets. The inspector saw staff assist residents with their meals in a discreet and sensitive manner. Residents were complimentary about the quality of food, the choice available and the quantities provided.

Measures were in place to protect residents from being harmed or suffering abuse. Where there were suspicions or allegations of abuse, these were investigated and adequate safeguarding measures put in place in the interim, while the investigation was underway. Most staff had attended training in safeguarding residents from abuse and staff spoken with demonstrated adequate knowledge of what to do in the event of suspicions or allegations of abuse. There were adequate measures in place to safeguard residents' finances.

### Regulation 11: Visits

There are open visiting arrangements and visitors were seen to be welcomed by staff. There were adequate arrangements for residents to receive visitors in private, away from their bedrooms, should they so wish

Judgment: Compliant

### Regulation 12: Personal possessions

Each resident had adequate storage space in their bedrooms for storing clothes and personal belongings. There were arrangements in place for residents to have their clothes laundered and returned to them. The system of identifying each residents' clothes had recently been amended resulting in a decrease in the misplacement of clothes following laundering.

Judgment: Compliant

### Regulation 13: End of life

There were adequate arrangements in place for the provision of end of life care to residents. All bedrooms were single rooms so the privacy and dignity of residents as they approached end of life were protected. The family of residents were supported to remain with the residents as they approached end of life and overnight sleeping accommodation was available for family members.

Judgment: Compliant

### Regulation 17: Premises

The centre was bright, clean and in a good state of repair throughout. The centre was furnished to a high standard with a good standard of decor throughout. Each of the three units were self contained with dining and communal space in each area. Residents also had access to a number of secure outdoor areas that were landscaped to a good standards.

Records were available demonstrating a programme of preventive maintenance for equipment, such as beds, mattresses and hoists.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were offered a choice of food at mealtimes and there were usually three options available at lunch times. Food was available in sufficient quantities and was attractively presented. Residents that required assistance were assisted appropriately by staff.

The nutritional status of residents was monitored through monthly weights and the use of a screening tool to identify residents that may be at risk of malnutrition. Residents were referred to dietetics and speech and language therapy for assessment and review and there was an adequate system of communication with catering staff to ensure that residents received their prescribed diets.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy and associated risk register. The risk register addressed the requirements of the regulations in the context of specified risks and the control measures in place those risk. A review was required of the risk register

to ensure that it adequately addressed environmental risks and to ensure that environmental risks were reviewed on an ongoing basis. For example, the risk register did not make reference to unsecured access to stairwells, one of which was a spiral staircase. The register did not include the risk of access by residents to plastic gloves and aprons that may pose a risk of choking to residents with a cognitive impairment.

Judgment: Substantially compliant

### Regulation 27: Infection control

There were adequate measures in place for infection prevention and control that included hand gel dispensers located at strategic locations throughout the centre. There were adequate measures in place for the care of residents that required special measures for the prevention of cross contamination.

Judgment: Compliant

### Regulation 28: Fire precautions

Significant improvements were required in relation to fire safety management practices. These improvements related to records of equipment maintenance, staff training, processes for evacuating residents that required mobility aids, and fire containment measures.

Fire safety equipment was serviced annually and the fire alarm had preventive maintenance conducted quarterly. The inspector was informed that emergency lighting also had preventive maintenance on a quarterly basis but all certificates were not available in the centre on the days of the inspection.

There were daily and weekly checks of fire safety equipment and evacuation routes. While the fire alarm was sounded frequently, it was not always done on a weekly basis in accordance with the centre's own schedule.

Not all staff had attended fire safety training. There was also a need to review the frequency of fire safety training as prior to the inspection, each staff member was scheduled to attend training every 18 months when fire safety guidance suggests that this occurs on an annual basis. Deficits in training were supported by discussions with staff that indicated a variation in their level of knowledge with regard to evacuating residents.

While there were regular fire evacuation drills, these required review in the context of ensuring that all staff were familiar with the most effective means of evacuating residents in a timely manner in the event of a fire. Records of fire drills indicated

that the drills did not incorporate the simulated evacuation of dependant residents and therefore it was not possible to ascertain if all residents in a fire compartment could be evacuated within a reasonable time frame. Personal emergency evacuation plans were not in place for residents and discussions with staff indicated that the process for evacuating the more dependant residents was not clear.

A number of the bedroom doors had been altered so that the lower half of the door could be closed while the upper half remained open, which allowed residents to see out of the room but also prevented other residents from wandering into the room. The upper part of the door was held open with a magnetic device that would disengage when the fire alarm sounded. This ensured that both the upper and lower doors would close simultaneously in the event of a fire. While heat seals had been installed between the upper and lower half of the doors in response to concerns raised by a fire safety officer, the inspector has requested evidence that the modification has not compromised the effectiveness of the door in preventing the spread of fire and smoke in the event of a fire.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

There were medication management policies to support the ordering, prescribing and administration of medications. A number of improvements were required in relation to the management of medication, including:

- a number of prescriptions were untidy, containing a lot of discontinued medications and also had text and dates written outside of designated text and date boxes. This could lead to medication administration errors
- a resident was being administered a medication that the prescription indicated was no longer prescribed. Medical records indicated that it was correct to administer this medication but the prescription should have been updated to reflect this.
- a number of medications were grouped together using parentheses and each medication did not have an individual signature from a medical officer or registered prescriber
- not all discontinued medications had been signed and dated as being discontinued by the prescriber
- while medications were counted by two registered nurses twice in 24 hours, each count was not conducted by a nurse from each shift in accordance with recommended guidance

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Each resident had a pre-admission assessment done prior to admission to ascertain if the centre could meet the resident's needs. Each resident was assessed on admission using recognised assessment tools and care plans were developed based on these assessments. These care plans were predominantly personalised and provided good guidance on the care to be delivered to each residents on an individual basis.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to medical care and were reviewed by their general practitioner (GP) on a regular basis. There was good access to allied health and specialist services such as dietetics, tissue viability services and speech and language therapy from a private nutritional company. There was good access to psychiatry in later life services. A physiotherapist visited the centre twice weekly for three to four hours each visit. There was a system in place to ensure that residents that qualified for the various screening services were facilitated to partake in these screenings, should they so wish.

Judgment: Compliant

### Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre. All interactions by staff with residents observed by the inspector were conducted in a respectful manner. Where there were suspicions or allegations of abuse these were investigated or were in the process of being investigated and adequate safeguards were put in place during the investigative process. Adequate measures were in place to safeguard residents' finances.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were supported and protected. Residents had control over their daily routine, such as when to get up in the morning, when to go to bed and

when and where to have their meals. Residents had access to the services of an independent advocate.

Residents were consulted through residents' meetings, however, these were infrequent with only one meeting held in the previous twelve months. In addition, there was a need to incorporate an action plan into the records of meetings in order to ensure that issues raised were addressed.

There was a programme of activities that was facilitated by three activity coordinators over seven days. There was usually one activity person on duty each day in the designated dementia unit and activities in the other two units were combined and facilitated by another activity coordinator. The programme of activities also included live music that was provided by an external musician.

Residents' religious preferences were facilitated and residents were also supported to vote in local and national elections.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Brookfield Care Centre OSV-0000206

Inspection ID: MON-0022755

Date of inspection: 27/11/2019

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Not all staff had undergone the appraisal process:            All our new staff currently have three, six and nine monthly meetings regarding performance and care standards. We are up to date with these probationary appraisal assessments. There are yearly appraisals due for some staff and these will be completed by March of 2020. To ensure that staff receive their yearly appraisals we are in the process of linking due dates into existing software we have. Staff will receive an email when they are next due for appraisal and an appointment with management will be made.</p> <p>Mandatory training not up to date:            Fire training was delivered on an 18-monthly basis to all our staff. This has been changed to yearly since the inspection. It was identified that this 18-month timeframe was non-compliant. With this change we are currently running at 32% of staff who will need training. We have four dates scheduled for fire training two at the end of January and two in February. These training sessions will ensure that fire training will be up to date for all our current staff.</p> <p>Manual handling and safeguarding training only 11% of staff are outstanding as needing training and both of these are scheduled for the end of January. It was recommended by the inspector all staff could benefit from training in dementia and dealing responsive behavior. We will roll this out in 2020 for all staff. Dementia and responsive behavior training will now be added to our mandatory training list.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:  We will ensure that the all CVS of new staff will be full and complete with no unexplained gaps in employment status. This will be addressed from interview stage and will be a prerequisite before employment starts. A audit of existing files will then be completed in February and March</p>	
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>Post Audit Action Plan Forms have been implemented. These forms will be completed after each audit, detailing findings of audit, plan for improvement, timeframe for implementation, person responsible, date of completion and outcome of action plan. Outcome of action plan will be based on findings of subsequent audit. This process has been completed for October 2019 medication audit and will in place for other scheduled audits in the future.</p> <p>As well as receiving and actioning complaints we will formalize an audit of these complaints. We presently do devise specific action plans by looking for areas where repeated complaints have been made. This formal audit will clearly document the identified areas where improvements may be needed. This complaints audit will be carried out on a two monthly basis in 2020.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>With immediate effect we will ensure that contracts issued to new residents will include details of the room to be occupied by the resident. It will also include an appendix which will include fees for additional service such as Podiatry and hairdressing. Existing residents will receive copies of this information also. If a resident does not have capacity to manage their own affairs, we will send this information to their next of kin\representative.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>It had been identified that it did not contain adequate details of the room including size and primary function. Changes as requested have been made to the statement of purpose to ensure compliance.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Both the medication policy and the fire evacuation policy will be updated in the coming weeks. We will ensure that the medication policy reflects best practice with regards to the checking of controlled medications. Our fire evacuation policy will clearly identify a location for the safe placement of residents in the event of a prolonged evacuation.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Both of the areas of risk that the inspector identified have been assessed and actions needed identified which will be addressed. Both of these have been added to the risk register. The Health and safety team will continue to be proactive and identify areas where risk exists.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

A number of concerns were raised by the inspector in relation to fire precautions. I will outline our actions in relation to this matter. Evacuation: Personal Emergency Evacuation Procedures were completed on all of our residents. These clearly outline the dependency levels of our resident's day and night and the most efficient means of evacuating the residents from the centre. Ski sheets were sourced for each room and training has been provided with regards to their use. We had fire drills where we simulated the evacuation of a high dependency cohort of residents with an 80kg mannikin to simulate resident evacuation. These evacuation drills were successful, and this training will be rolled out to all staff early in 2020. Training: we changed the frequency of training from 18 monthly to 12 monthly as this was identified as needed. We have four training days scheduled for January and February and would expect to have all current staff trained by these dates. Emergency lighting: on the day of the inspection one emergency lighting certificate was not available in our fire safety folder. Our fire engineer has sent us the lighting inspection report that was not available on the day of inspection. Half doors: the inspector had concerns in relation to the half fire doors. We had placed fire seals on both the upper and lower half and these were signed off by an engineer and that report sent to the Chief Fire Officer. The inspector still had concerns in relation to the doors so for the time being they are no longer half doors but restored to one unit. We will ensure that all concerns will be addressed in relation to these doors.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 we are introducing a new EMAR system in January I have spoken with the software developer and the pharmacy and we are confident that this will be fully in place by mid-February. This will ensure that all prescriptions will be compliant, neat and tidy. In the interim the auditing of medications has been increased to ensure compliance with medication safety whilst this EMARS system is introduced. Checking of controlled medication is now carried out as recommended by An Bord Altranias.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 We will ensure that resident meetings are held every three months and there will be a clear action plan and timeline evident from these meetings.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	31/03/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	28/02/2020
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.	Substantially Compliant	Yellow	12/12/2019

Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	17/12/2019
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	16/01/2020
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	05/12/2019
Regulation 26(2)	The registered provider shall ensure that there is a plan in place	Substantially Compliant	Yellow	14/01/2020

	for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	29/11/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	05/12/2019
Regulation 28(1)(d)	The registered provider shall make 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	Not Compliant	Orange	28/02/2020

	the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	12/12/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	29/11/2019
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	01/03/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/12/2019

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	14/01/2020
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	19/12/2019