



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

Issued by the Chief Inspector

Name of designated centre:	Aras Chois Fharráige
Name of provider:	Aras Care Ltd
Address of centre:	Pairc, An Spidéal, Galway
Type of inspection:	Unannounced
Date of inspection:	30 June 2020
Centre ID:	OSV-0000382
Fieldwork ID:	MON-0029886

About the designated centre

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

Aras Chois Fharráige Nursing Home is a purpose built unit with views of the sea. The Centre is located in the Irish speaking Cois Fharráige area of the Connemara Gaeltacht. Accommodation is provided on 2 levels in 34 single rooms and 4 sharing rooms. Aras Chois Fharráige provides health and social care to 42 male or female residents aged 18 years and over. The staff team includes nurses, healthcare assistants and offers 24 hour nursing care. There is also access to allied health care professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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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 30 June 2020	19:30hrs to 22:30hrs	Una Fitzgerald	Lead
Wednesday 1 July 2020	11:00hrs to 19:00hrs	Una Fitzgerald	Lead
Tuesday 30 June 2020	19:30hrs to 22:30hrs	Catherine Sweeney	Support
Wednesday 1 July 2020	11:00hrs to 19:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Residents spoken with told inspectors that they were well looked after in the centre. Inspectors observed the atmosphere in the communal area in the evening to be relaxed and calm. Residents were observed watching television and chatting with each other. Positive feedback from residents included 'as happy as Larry, I couldn't be in a better place'. Residents felt that staff were always kind and respectful to them.

Staff were observed alternating between two languages, Irish and English when conversing with residents. The staffing rosters evidenced that the centre has a stable workforce and this had a positive impact on resident care needs. Inspectors observed from the staff and resident engagement that the staff were familiar with the residents, their likes and dislikes. Residents spoke very highly of the staff that looked after them.

There were a number of communal seating areas around the centre with views of the sea, the garden or into a well maintained internal courtyard. Residents enjoyed watching the sun setting over the sea in the evening time. The centre had an area where they kept three geese and two goats. This area was also available for the residents to view from the day rooms and some bedrooms. Bird feeders were available for residents who enjoyed bird watching.

Residents rooms were observed to be decorated in a personal and comfortable manner. Door signs incorporated pictures of important things in residents life, such as fishing, and farming. Residents told the inspectors that their bedrooms were spacious and had adequate areas for storage. One resident stated that she especially liked the space in her bathroom, which made it easy for her to move around.

Residents reported feeling the impact of the restrictions in place due to the risk of COVID-19 pandemic. Some residents said that they felt the day was long stating 'there's only so much television and radio you can have, and it always seems to be about the virus'

Residents were facilitated by the Activities coordinator to stay connected with family and friends through telephone and video conferencing. Residents told inspectors that the food was excellent.

Capacity and capability

Aras Care Ltd, the registered provider of Aras Chois Fharrage, has two

directors, one of whom was nominated as the registered provider representative and who is actively involved in the day-to-day operation of the centre. The person in charge (PIC) was supported in the role by two clinical nurse managers (CNM), nurses, carers, an activities coordinator, chef and maintenance manager.

In May 2020 an assessment of the providers contingency arrangements for an outbreak of COVID-19 found further action was required with respect to the arrangements in place to ensure that in the event of a COVID-19 outbreak effective governance and management of the centre would be sustained, the centre would be appropriately staffed and all risks effectively managed. The provider responded with a compliance plan which was accepted at the time. To date the centre has not had an outbreak of COVID-19.

This inspection was an unannounced risk-based inspection conducted over two days. Prior to the inspection the office of the chief inspector were informed at a meeting that members of the management team were redeployed to work in another centre. This potentially had a negative impact on the governance and management of this centre. Three members of staff had been redeployed to work in another centre with two of these staff members working across both centers.

On this inspection inspectors found that although the registered provider representative (RPR) called to the premises regularly and spoke to staff, the registered provider had not entered the centre since the onset of the COVID-19 pandemic in Ireland. The person in charge, the senior manager in the centre, was supported in her role by two clinical nurse managers (CNM's).

Inspectors acknowledge that some aspects of the management of risk in the centre was of a high standard. The risk register for the centre was clearly laid out. Where the management team had identified a risk, the control measures to mitigate a risk were documented. For example, the RPR had completed a risk assessment of all staff in early March in relation to the COVID-19 pandemic. As a result action was taken to ensure that staff did not pose a direct risk to residents. For example; staff that were sharing accommodation with healthcare workers in other services were removed from the rosters to reduce risk to residents. However, the overall system of the management of risk within the centre required a review as risks identified on this inspection were not identified by the management team and so were not added to the live register.

Inspectors were not satisfied that the registered provider had ensured effective governance and management of this centre as evidenced by the findings of this inspection. Significant improvement and focus was required to consolidate the clinical management team and ensure that the quality and safety of care delivered to residents achieves regulatory compliance in the areas identified in this report.

Regulation 15: Staffing

Inspectors reviewed the staffing compliment on duty and were not assured that

there were sufficient numbers of staff on duty. The centre had forty residents on two floors. On the day of inspection there were 12 residents with maximum dependency care needs, seven residents with high dependency care needs, 13 residents with medium dependency care needs and 8 residents with low dependency care needs.

Initially, when inspectors reviewed the rosters they found the staffing numbers on day duty were sufficient for the delivery of direct care. Health care assistants (HCA) have responsibility for duties other than providing direct care to residents. A review of the HCA role is required to ensure that tasks such as laundry and catering duties do not take away from the time available to provide direct care for residents.

A review of the evening/night time staffing allocation was also required. There was one nurse supported by two HCAs on night duty. The nurse on duty had responsibility for all residents, answering any enquiries, administration of all medications and staff supervision. This meant that there were two HCAs to cover the care needs of 40 residents across two floors. Inspectors spent the first day of the inspection observing staff engagement and the flow of the work. The nurse was delivering medications on one floor while the HCA's were moving between floors assisting residents to bed and answering call bells. Inspectors observed four separate occasions whereby all three staff were on the same floor, leaving the second floor unattended. Over half of the residents (23) were identified as unable to use their call bell and there was no documentary evidence that there was a system in place for increased monitoring. There was a small number of residents sitting in communal areas both upstairs and downstairs relaxing and enjoying TV; there was no staff available to ensure supervision of residents in these areas.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge has a responsibility to ensure that staff have access to appropriate training and are appropriately supervised. Inspectors reviewed the training matrix and found the following gaps;

- Training records given to inspectors on the day of inspection did not evidence that all staff had infection control training specific to the use of personal protective equipment (PPE). This increased the risk of infection to residents in a time of a national pandemic.
- Not all staff had training in the management of residents with responsive behaviours. The impact on the residents was that inspectors observed poor practice in the management of residents with behaviours that challenge.

The clinical nursing management team were involved in the direct delivery of resident care on a regular basis. This impacted on their availability to supervise and support staff. As a result inspectors found that the supervision and oversight of

staff was insufficient. For example;

- The restrictive practice log was not accurate and there was a significantly larger number of residents with bedrails in use than was reported.
- Residents who were assessed as "unable to use call bell" had no increased monitoring in place.
- On the first day of this inspection staff did not have a copy of the Health Protection and Surveillance Centre (HPSC) guidance
- Inspectors were informed that all staff had received appropriate training in hand hygiene and the use of PPE training; however observation of staff practice on the day of the inspection showed that not all staff correctly used PPE.
- Staff demonstrated poor insight into the importance of facemasks; staff voiced concern to inspectors that face masks can scare residents and didn't seem to recognise that they had a responsibility to communicate the rationale for the wearing of face masks to residents in order to alleviate any fears that residents may have.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found that the provider, Aras Care Ltd did not ensure that the service provided was safe, appropriate and consistently and effectively monitored. Inspectors found that the management systems in place were not adequate. The systems of monitoring did not identify the gaps found on this inspection and therefore did not ensure better outcomes for residents. This was evidenced by:

- The inspectors found that the auditing system was not effective The audits that had been completed in 2019 did not identify gaps and did not have any quality improvement plans.
- Failure to submit accurate information and notifications to the Chief Inspector, for example the number of bedrails in use in the centre.
- Records requested, that are required by the regulations, were not available in a timely manner.
- The person in charge was identified as the COVID-19 lead for the centre. However, the findings of this inspection did not provide assurances that the management of infection prevention and control in relation to COVID-19 was adequately managed. For example; the monitoring and recording of residents temperatures is an early identification of any resident developing symptoms of COVID-19. Resident temperatures were not taken and recorded daily.
- The system in place for the management of risk did not identify the risks found on this inspection. For example; the risk associated with the nurse on call system. Inspectors found that the arrangements for staffing in the event of a sudden outbreak of COVID-19 required assessment and review.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge ensured that notifications were submitted to the Chief Inspector within the timescales specified by the regulations. However, the detail submitted was inaccurate. For example; the last notification submitted reported that there were nine residents that had bedrails in use. On day one inspectors counted 17 residents that had bedrails in place. Management and staff confirmed that the bedrails currently in use were longstanding.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre had a complaints policy that stated that written and verbal complaints would be documented in the complaints log, investigated in a timely manner and the results of the investigation would be shared with the complainant. The complainants satisfaction would be documented in the complaints log. The last complaint logged in the centre was in September 2019. In total, 5 complaints were logged in 2019. Of these, one complaint remained open in the complaints log. The provider gave assurance that this complaint was now closed. However, the investigation and outcome was not documented. A review of the complaints log found that practice was not in line with the centre's complaint policy and procedure or Regulation 34. This was evidenced by:

- the complaints procedure was not accessible and was not displayed in a prominent position in the centre
- the complaints procedure directed residents and families to use a comments book at reception; this book was not available when requested
- four closed complaints were reviewed and only one had been closed in a timely manner. The other three were closed after six to ten months
- the detail of the investigation of the complaints was not adequately documented as required under regulation 34(1)(f)
- measures for improvement in response to complaints was not evident as required by regulation 34(1)(h)

Judgment: Substantially compliant

Quality and safety

The inspectors found that the quality and safety of care of residents was compromised by inadequate identification of risk, poor implementation of infection prevention and control protocols and care plans that did not appropriately guide care.

When inspectors arrived in the centre at 1930hrs on the first day of the inspection a large number of residents were already in bed. When walking along corridors inspectors observed two residents calling out and attempting to climb over bedrails. Many residents did not have access to or the ability to use their call bell. This was confirmed by the call bell check log which stated that there are 23/40 residents who could not manage a call bell. There was no defined system in place to ensure that such residents were supervised and checked to ensure that they were ok.

When inspectors spoke to staff about what they had observed inspectors were told that the residents would "not actually be able to climb over the side", a response reiterated by the nursing management team. Staff displayed no insight that a resident attempting to climb over a rail may be an indication that the resident required assistance, instead there was an assumption that the climbing was a feature of their dementia in each case. Senior staff displayed no insight into the requirement for appropriate risk assessments to address this issue or that such use of bedrails was not in line with the centre's own restraint management policy. Based on these observations inspectors judged that further training, supervision and monitoring of the use of restrictive practices within the centre is required.

The design and layout of the building meets the needs of current residents. Residents have free movement along corridors and there are multiple locations where residents could sit. The premises was clean and kept in good repair. All bedrooms had ensuite facilities. Inspectors were informed that in the event of a COVID-19 outbreak the centre would be divided into isolation zones. The purpose of zones is to target outbreak control measures to specific areas of the centre in the event of an outbreak. Inspectors found that in the event of a COVID-19 outbreak the staff working across both floors would compromise the effectiveness of these zones. Staff allocation sheets conveyed that staff moved between floors, increasing cross contamination in the event of an outbreak and making contact tracing difficult. It would also have implications of staffing the centre as a larger number of staff would potentially have to self isolate in the event of a resident or staff member presenting with COVID-19.

The centre had a full time activities co-ordinator who had ensured that throughout the pandemic residents had been able to stay in contact with families and loved ones. Residents had access to information and news, daily and weekly local newspapers, radio, television and Wi-Fi were available. A selection of newspapers was available. Residents were supported to use telephones, SKYPE and video calls to keep in contact with friends and family particularly when the visiting restrictions were in place. Musicians had come to the centre and performed live

music for resident entertainment in the car park.

Residents were supported to maintain contact with family, where they choose to do so. In addition, inspectors were informed that the nursing team maintain contact with family representatives to keep them updated and informed.

Regulation 11: Visits

A policy of restricted visiting was in place since the 06th March 2020 to keep residents safe during the COVID-19 pandemic. Over the course of the pandemic staff had made efforts to ensure residents and their families remained in contact by means of scheduled window visits, telephone and video calls. Controlled visits whereby the visitor sat in the porch and the resident sat in the nurses station with a distance of 2 metres in place had commenced. On arrival to the centre inspector observed family members visiting residents.

Judgment: Compliant

Regulation 27: Infection control

Infection control practice within the centre was not informed by the *Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units*. For example; on day one staff were not wearing face masks as required by the HPSC guidance Version 5 dated the 19/06/2020. Inspectors found that the governance and management of the centre did not demonstrate an understanding of the importance of wearing face masks as a protection for residents. Due to the level of risk inspectors would have been required to issue the RPR with an immediate action plan. However, on arrival to the centre on day two of the inspection all staff were wearing face masks.

The centre is purpose built and inspectors observed that the centre was clean throughout. Daily cleaning as a result of the COVID-19 pandemic had increased. Alcohol hand sanitizers were available throughout the building. In addition, the maintenance manager had put up hand moisturiser cream dispensers to avoid skin irritation for staff from the constant use of the alcohol gels.

In response to COVID-19 the management team had put in place the following measures to protect residents;

- Staff temperatures were monitored at the beginning of each duty.
- Staff changed into and out of their uniforms on site

- Residents had been communicated with on the pandemic.
- Inspectors observed there was appropriate signage in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate.
- There was sufficient supplies of cleaning products.
- Wash hand basins were sufficiently stocked with hygiene product and paper towels.
- The RPR confirmed that there was sufficient supplies of PPE for up to 6 weeks.
- All bedrooms were ensuite and the management team had identified a zone that would be used for the cohorting of residents in the event of an outbreak.

Staff knowledge of infection prevention and control was weak and supervision was inadequate to ensure that training was implemented in practice. The following practices pose a risk and required action.

- Inadequate oversight of staff's infection prevention and control practices: for example, staff were seen coming out of rooms wearing aprons and walking up corridors rolling the aprons until they came upon a bin.
- Resident slings were individualised, however, when not in use the slings were stored in one press in the communal bathrooms posing a risk of cross contamination.

Inspectors concluded that the infection prevention control policy and practice required immediate review to ensure it was based on the latest evidence and aligned to public health guidance.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The individual assessment of resident's needs requires review. The quality of some assessments was poor, for example, the cognitive function of residents with a diagnosis of dementia was not factored into the assessment tool used to assess the dependency of the residents in the centre. This resulted in a number of residents with a diagnosis of dementia or cognitive deficits who required extra care being assessed as having low dependency care needs. The assessment of dependency determines the staffing requirement in the centre. Therefore, there is a risk that inaccurate dependency assessments may lead to inappropriate staffing levels to meet the needs of the residents.

Care plans had been developed and were in place for each resident. However, some nursing care plans had not been reviewed for over six months. Furthermore, care plans were not informed by up-to-date assessments. For example, a resident who has been assessed as being at high risk of weight loss did not have their care

plan updated and had not been referred to the dietitian.

Inspectors reviewed the social care assessments and care plans and found them to be resident-centred and contained the detail required to provide personalised respectful social care. The activity coordinator updated the daily progress notes with an assessment of the residents' social, emotional and mental well-being.

Judgment: Not compliant

Regulation 6: Health care

It was unclear if residents had access to their General practitioners (GP) during the period of COVID-19 restrictions. The senior management confirmed that residents were reviewed by their GP however, documentary evidence of these visits was not available for review on the day of inspection. This information was sent in following the inspection. Staff confirmed that teleconference was sometimes used for medical assessments.

The reintroduction of allied healthcare practitioners was under review. A resident complained to inspectors about an ongoing foot pain. A plan for access to a Chiropodist had not been developed. The resident was at high risk of foot problems had not been referred for treatment. This concern was brought to the attention of management who organised an appointment for eight days later.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Overall, inspectors noted that the privacy and dignity of residents was well respected. All residents had single or twin bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

The activity coordinator spoke with the inspectors about how they had adapted the activities programme to meet the changed needs of residents and infection control guidelines during this time. For example, exercises and activities held on one floor were screened over two floors so that all who wanted to be involved could do so. The activities co-ordinator confirmed that health care assistants were now more involved in providing social care to residents, supporting residents to go for walks and especially spending time reassuring and talking with residents.

Residents had access to advocacy services and information regarding their rights. Information and contact details of a national advocacy group was outlined in the

residents guide.

Generally residents were consulted and offered choice around aspects of their care and decisions about how they spent their day. The non compliance found under resident rights to be involved in decision making process specific to the COVID-19 testing is actioned under Regulation 23 Governance and Management.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors judged that the system of assessment, implementation and ongoing monitoring for the use of restraint required a review. The use of bedrails was not in line with the national policy. In addition, the use of bedrails was not in line with the centres own policy. The centres policy directed that where risk of climbing over is identified bedrails are not to be used. Inspectors observed two residents attempting to climb over the bedrails. Inspectors spoke with staff on the use of bedrails and were not assured by the responses. For example; staff displayed no insight that a resident attempting to climb over a rail may be an indication that they required assistance as opposed to a symptom of their dementia.

Not all staff had completed training to work with residents who had responsive behaviours.

Judgment: Not 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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant

Compliance Plan for Aras Chois Fharráige OSV-0000382

Inspection ID: MON-0029886

Date of inspection: 01/07/2020

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: An audit of staffing levels and a review of HCA duties has been conducted. An additional staff member has been added to the rota in the early evening. Contingency arrangements have been made to increase staffing levels in the event of a suspected or confirmed case of Covid 19. Where possible staff are assigned to one floor.</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: Training cancelled due to Covid-19 has been re-booked. All mandatory training is up-to-date. Responsive behaviour training has been completed for all staff. All staff have had additional training in the use of PPE and hand hygiene. Care Plan training has been booked. Fire training has been carried out for all staff. HACCP training for HCWs has commenced. Level 6 Train the trainer Responsive Behaviour certification has been booked for the CNM Safeguarding/dementia training cancelled due to Covid-19 has been re-booked</p>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The CNM who was temporarily assisting with governance and training in another centre returned to full-time duty in ACF on 21 July 20.</p> <p>The Guidance of the Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units is being fully implemented in Aras Chois Fharráige.</p> <p>The audits schedule has been reviewed to incorporate additional audits and rebooking of external audits which were cancelled as a result of Covid 19.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifications, both 3 day and quarterly will be submitted via HIQA portal as per residents in house. An audit of Notifications has been added to the audit schedule.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>A monthly review of the complaints register is taking place to ensure that the complaints procedure is prominently displayed; that complaints are closed off and that records contain all the necessary information.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A comprehensive review of the physical environment, infection control and laundry has been carried out. All staff have been trained in PPE Donning and Doffing. Further training in PPE use and hand hygiene is being conducted to ensure best practice as set out by NEPHET is followed.</p>	

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A full audit of care plans has been carried out. All care plans have been reviewed with a focus on falls, nutrition and bedrails.</p> <p>Additional training in care planning has been booked.</p> <p>Dietician has reviewed resident's nutritional needs. An audit of food and nutrition has been carried out</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: In view of the difficulties arising from COVID-19, the GP visits were regularly conducted in the porch area with full PPE and 2mtrs distancing for resident updates, prescriptions and sign off on kardex. In the event of any death occurring, the centre took the precaution of ensuring that 3 members of staff were trained in the 'Pronouncement of Death by Registered Nurses in the context of the Global COVID-19 Pandemic 2020' . The GP is available to visit in person any resident deemed to be in need of medical attention and we are receiving excellent support from the local medical centre. On call doctor is available for emergency call out as are other health care professionals.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Training in challenging behaviour is now up to date for all staff and the training record updated to reflect this. Additional challenging behaviour training has been booked and will take place on the 12th of October. In addition, the CNM has been booked to do a</p>	

Train the Trainer course in Responsive Behaviour on the 16th of October. This will facilitate in house training going forward.

The practice of using bedrails has been reviewed. Use of bedrails in any circumstances will be treated as restraint. Where the resident has the capacity to choose they will be provided with information on the rationale and associated risks involved and bedrails will only be used with their informed consent. Where a resident lacks capacity a review will be conducted by the multi-disciplinary team and use will be subject to their assessment and sign off.

The centre will ensure that a quarterly review of bed rails is conducted and that the quarterly returns contain a record of all bedrails in use. The management of the centre are committed to providing a restraint free environment for all residents. In this regard bedrails will always be considered as a restraining device and staff will be trained and encouraged to minimise their use.

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.	Substantially Compliant	Yellow	30/09/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	30/09/2020

	provided is safe, appropriate, consistent and effectively monitored.			
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	02/07/2020
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Yellow	02/07/2020
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	02/07/2020
Regulation	The registered	Substantially	Yellow	02/07/2020

34(1)(d)	provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Compliant		
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/09/2020
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	02/07/2020

Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	02/07/2020
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	30/09/2020
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.	Not Compliant	Yellow	02/07/2020
Regulation 6(1)	The registered	Substantially	Yellow	30/09/2020

	provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Compliant		
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	30/09/2020
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/09/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in	Not Compliant	Orange	30/09/2020

	a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
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