



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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|----------------------------|-------------------------------------|
| Name of designated centre: | The Cottage Nursing Home |
| Name of provider: | Tipperary Healthcare Limited |
| Address of centre: | 70 Irishtown, Clonmel, Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 September 2020 |
| Centre ID: | OSV-0004587 |
| Fieldwork ID: | MON-0030349 |

About the designated centre

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

The Cottage Nursing Home is located within the urban setting of the town of Clonmel, Co. Tipperary. The original building, historically, was the Cottage hospital and this has undergone significant refurbishment. It is a two-storey facility with a lift and stairs access to the upstairs. The centre is registered to accommodate 25 residents. Residents' accommodation comprises single and double occupancy bedrooms with hand-wash facilities; assisted shower en-suite bathrooms are available throughout the centre; day room and dining areas are located on both floors. The Cottage Nursing Home provides 24 hour nursing care to male and female residents whose dependency needs range from low to maximum with varying care needs including care of people with a diagnosis of dementia.

The following information outlines some additional data on this centre.

| | |
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| Number of residents on the date of inspection: | 23 |
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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 8 September 2020 | 09:45hrs to 17:30hrs | Caroline Connelly | Lead |

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live and that staff promoted a person-centred approach to care and were found to be very kind and caring. The inspector spoke with a large number of the residents present on the day of the inspection and met two visitors during the inspection who were visiting their relatives.

The inspector saw that the centre was a two-story georgian building that had originally been the cottage hospital in Clonmel town was in close proximity to all amenities including a church and a post office which were located across the road. Residents told the inspector that they loved the central location and some said they loved to watch the world go by and people coming and going from their bedroom windows. The inspector noted that many of the resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. Resident's bedroom accommodation was provided on both floors and each floor had a sitting room which were seen to be comfortable and nicely decorated. The person in charge described the plans in place for a redecoration of all the centre with new colours to give a more homely feel. The main day room on the ground floor provided easy and unrestricted access to the external enclosed grounds. During the inspection the inspector saw residents using the outside areas which had seating, tables and plenty of flowers and plants throughout. The smoking shelter was also located in this area and the inspector observed residents using this area supervised by staff. One resident told the inspector she loved the sun and would spend all day outside when the weather facilitated her to do so. The sitting room upstairs was smaller but it overlooked the external areas and residents were seen to be relaxing up there and enjoying some smaller group activities.

There was an activities programme in place and residents were aware of the day's programme to enable them choose whether to attend or not. There was a staff member allocated to the role of activity co-ordinator on a daily basis. The inspector saw a very lively dance session taking place on the morning of the inspection, where residents were learning line dancing and had great fun doing the hucklebuck. This was followed by reading of residents horoscopes which provided a good source of entertainment and laughter. The activity staff member said they had also requested a quiz and bingo in the afternoon. Residents told the inspector that the activities were really important to them and they had really kept them going during the period of no visitors and when they were not seeing family members. At the start of the pandemic the person in charge explained that due to the COVID-19 pandemic some of the residents had cocooned in their bedrooms but they missed their fellow residents and had come back out to the day rooms and group activities abiding by social distancing. Some residents said they were grateful for mobile phones, skype and technology which they said helped them stay in contact with their families. Residents reported that their views were listened to and records of residents meetings showed that any issues or suggestions made by the residents were acted on. Overall residents were complimentary about the food and said they

were offered choice at all meals.

Residents and relatives spoken to were very complimentary about the staff. They said they were very grateful to the staff who had worked so hard during the pandemic who kept their spirits up. Residents were pleased that visiting restrictions had eased. One resident said whilst she understood the risks associated with visiting, she felt sad about the restrictions which kept her apart from her family. But she was very grateful to the staff who cared for her so well at all times and who did their best to keep her going during this time. She was also grateful to see her family when they could visit and was complimentary about the new visitors room and also about the window visits. The inspector saw indoor visiting taking place during the inspection which was managed very well.

Residents had access to telephones, IT communications and newspapers and enjoyed religious services via the television.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. However some improvements were required in the provision of mandatory training and in staff recruitment.

The centre was owned and operated by Tipperary Healthcare limited who is the registered provider. The company is made up of three directors one of whom is the Registered Provider Representative and another director is the person in charge in a sister nursing home. They both form part of the management team for this centre. There is a new person in charge in post in the Cottage Nursing home since August 2020 who had worked in the centre previously. She is supported in her role by a team of nursing staff, administration staff, care staff, housekeeping, catering and maintenance. At the time of the inspection a senior staff nurse took charge of the centre in the absence of the person in charge. The inspector was informed that the management team plan to appoint an assistant director of nursing in the next number of months. The person in charge met with the management team on a weekly basis and governance and management meetings demonstrated that all aspects of the service was discussed and actions taken as required.

The Inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre Covid free. Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness available should an outbreak of Covid take place in the centre. The management team had established links with the public health team and HSE lead for their area. A local Covid-19 management team had been established within the geographical area and the person in charge was involved in these

meetings. There was a clear and comprehensive Covid-19 emergency plan and policy in place which the inspector reviewed. The management team had a clear list of the relevant persons to contact in any emergency situation. The centre had been divided into two different areas upstairs and downstairs and a specific isolation room and area had been established which was used for any suspected cases of the virus and for residents returning from the acute hospital who required 14 days isolation. Social distancing was put in place throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff meetings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the HSE.

There was evidence of meetings with staff and regular meetings were held with residents. The person in charge was clearly known to residents and relatives to whom the inspector spoke with. Many residents and the visitors met were very complementary of care and support provided by the staff. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge and the management team were proactive in addressing any concerns or issues raised. Where areas for improvement were identified in the course of the inspection; the management team demonstrated a conscientious approach to addressing these issues.

The person in charge and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and provision of staff training. Areas of concern identified in the last inspection had been addressed such as improvements in the garden area and visiting facilities.

The arrangements for the review of accidents and incidents within the centre were robust. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. There was evidence from staff files, from speaking to staff and the provider representative that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. However some improvements were required in ensuring all the requirements of schedule 2 were in staff files. The provider confirmed that all staff working in the centre had been Garda vetted prior to commencement of work in the centre.

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of the residents. The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff generally received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. However the inspector identified some gaps in Mandatory training.

Regulation 14: Persons in charge

The person in charge was new to her role in the centre since August 2020 but had acted into the person in charge role for an extended period of time in 2018 to 2019. The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Residents and relatives were very complimentary about the staff and very positive interactions were seen between residents and staff members throughout the inspection. The number and skill mix of staff was appropriate having regard to the needs of residents and the size and layout of the centre. There were 23 residents residing in the centre on the day of the inspection. There was a minimum of one registered nurse on duty at all times. The person in charge was additional to the nursing compliment during the week. Four care staff worked 12 hour days and two other care staff worked a morning and twilight shift and one care staff covered the night shift. The inspector found good levels of supervision in communal areas throughout the inspection. Staff who spoke with the inspector were competent to perform their respective roles and said they were supported by management with ongoing training and supervision.

Judgment: Compliant

Regulation 16: Training and staff development

Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE was provided through HSE online training. A record was maintained of staff attendance at these mandatory training sessions

There was evidence that newly recruited staff had received a thorough induction

with evidence of sign off on key aspects of care and procedures in the centre.

A training matrix for other ongoing training was in place and made available to the inspectors. Although there were reasonable levels of training provided, the inspector identified gaps in some mandatory training. Fire training was not in date for 3 staff. Training to support people who had responsive behaviours also was not in place for all staff. Evidence of four staff members attendance at moving and handling training was submitted to the inspector following the inspection.

Judgment: Substantially compliant

Regulation 21: Records

Records as requested during the inspection were made readily available to the inspector. Records were generally maintained in a neat and orderly manner and stored securely. A sample of four staff files viewed by the inspector were assessed against the requirements of schedule 2 of the regulations. Garda vetting was in place for all staff and the the person in charge assured the inspectors nobody was recruited without satisfactory Garda vetting. However one staff file did not contain a full employment history and only contained one reference. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2020 for nursing staff were seen by the inspector.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of responsibility and accountability were clearly outlined and staff were aware of same. There were robust systems in place to ensure the service was safe appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care.

There was evidence of weekly management meetings and the RPR was on site weekly. There was evidence of good consultations with residents particularly during the COVID-19 pandemic. Resources were available to ensure the effective delivery of care in accordance with the centres statement of purpose.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. The inspector noted that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined the services and responsibilities of the provider representative to the resident and the fees to be paid.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents and incidents as required.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific comprehensive complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently near the main entrance and was included in the statement of purpose.

The inspector reviewed the electronic complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Residents with whom the inspector spoke were able to identify the complaints officer, stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre ensured that the rights and diversity of residents were promoted. There was evidence of good consultation with residents. Formal residents' meetings were facilitated along with one to one consultations where resident's preferences were ascertained and facilitated. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Some improvements were required with the management of monies handed in for safekeeping

The inspector was satisfied that residents' health care needs were met to a good standard. Care plans viewed were person centered and were sufficiently detailed to deliver care. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. There were detailed care plans in place in relation to the assessment and supports for residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The use of restraint required review to ensure it is used as a last resort in line with national policy. Residents were safeguarded against abuse or harm by the systems in place in the centre and lockable storage space was available to store valuables.

Residents' activation needs were informed through the pre-admission assessment and ongoing assessment for each individual resident. Activation and social care plans reviewed by the inspector were found to be person-centred and provided good detail to inform and direct staff regarding residents preferences. There was a daily programme of activities available to residents and staff were found by the inspector to be very knowledgeable about resident's likes, past hobbies and interests

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The centre continues to monitor symptoms of residents and staff for COVID-19 and had in place protocols for testing and isolation of suspected case. Residents and or their families were informed of tests and the results and care plans to support the changing needs associated with COVID-19 were in place. The provider had put infection control procedures and protocols in place to prevent an outbreak of COVID -19. The centre was clean to a good standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. PPE was readily available to staff and was used correctly in line with the national guidance.

The design of the premises was homely and staff had made every effort to maintain social distancing in the day and dining room by removal of furniture and spacing of chairs. Access to the outside was unrestricted and residents were seen to move

freely around the building.

There were systems in place to safeguard residents from abuse and training for new staff was ongoing. All staff had a valid Garda vetting disclosure in place prior to their commencement.

Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting COVID-19 infection. Staff were committed to ensuring residents and their families remained in contact by means of planned visiting in line with the national guidance. A schedule of arranged visits was in place. Visiting controls now included symptom checking and a visitor health risk assessment before the visit, hand hygiene, maintaining social distancing, cleaning of the room following every visit and appropriate supervision to allow for privacy and supervise compliance with the controls in place . A new visiting room was made available which was laid out to facilitate social distancing. Visitors could book an appointment and a schedule of arranged visits was in place. The person in charge said that families could also book window visits and some residents told the inspector they were happier with window visits as they felt safer with same.

Judgment: Compliant

Regulation 17: Premises

There had been ongoing improvements to the premises and grounds of the centre. The person in charge told the inspector they had planned a full redecoration of the centre which was due to commence soon.

Overall the premises and external gardens were suitable for the centers stated purpose and met the residents' individual and collective needs in a homely and comfortable way. Residents had easy access to enclosed garden areas.

Judgment: Compliant

Regulation 27: Infection control

All staff have access to personal protective equipment and there was up to date guidance on the use of these available. All staff were observed to be wearing surgical face masks. Alcohol gel was observed to be available throughout and staff were observed to use appropriately. Hand hygiene notices were displayed and staff and residents have been training in good technique. The person in charge said they had received adequate supplies of PPE from the HSE.

A COVID-19 isolation room was available where residents who returned from the acute hospital or new admissions would remain for 14 days self isolation before returning to the main centre.

The centre was observed to be very clean. An updated cleaning matrix was in place and specific named staff have responsibility for the completion of tasks. High use areas are now cleaned frequently and deep cleaning schedules have been enhanced. The management team had ensured adequate supplies of cleaning products were available and was availing and using all updated guidance in relation to cleaning materials.

Up to date information from professional organisations and from the Health Information and Quality Authority was seen to be available to the staff team. The management team held regular meetings with staff and frequent refreshers on the use of PPE and on environmental management were made available.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The centre had a computerized care planning system in place and from a review of care plans there were adequate details to support staff in effectively managing residents' health problems. The inspector observed both nursing and other staff inputting records of on-going care provision using touch screens that were located in a number of areas in the centre.

Residents assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive, extremely personalised and very person-centered. They were regularly reviewed and updated following assessments and recommendations by allied health professionals. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to

reflect changes required in relation to cocooning and social distancing.

Care plans in end of life care had been updated based on resident's expressed wishes and there were clear pathways in place for treatment escalation.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, chiropody and tissue viability as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team. Training had been provided to staff on responsive behaviours.

There were 10 residents using bedrails as a form of restraint at the time of the inspection. There was evidence that when restraint was used there was evidence of an assessment to ensure it was used for the minimal time and as a least restrictive method. The inspectors found this was a high percentage of bedrail use and encouraged the centre to review the use of restraint to further reduce its use and aim towards a restraint free environment. The management team were also reviewing the use of lapbelts as many recorded as restraint were not used for that purpose and could be easily opened by the resident.

Judgment: Compliant

Regulation 8: Protection

Residents who spoke with inspector reported they felt safe and at home in the centre and that staff were very kind. The inspector observed that staff interactions with residents were positive and person-centred throughout the inspection.

Records of staff training indicated that all staff had received training in the prevention, detection and response to abuse. Staff that spoke to inspectors were knowledgeable regarding different types of abuse and clearly articulated their responsibility to report any concerns to management.

Residents finances and invoicing for care were generally managed in a robust manner and separate accounts were in place for residents the provider acted as a pension agent for. Improvements were required with monies handed in for safekeeping in that a more robust system of the checking and double signatures of monies going in and out was required to safeguard residents and staff.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence that residents and/or the representatives were consulted with and participated in the organisation of the centre. For example, there had been an issue about choice of activities provided and a number of subsequent changes to the provision of activities had occurred. Staff were allocated to assist residents to go outside for walks in the gardens and inspector observed staff encouraging and assisting residents to go outside in the fresh air.

Residents were informed of changes in the centre and some told the inspector about the new rules and how their routines had changed because of COVID-19. Residents understood the need to social distance and while some residents were not happy about the ongoing restrictions to visiting they understood the need for it.

Resident's who required a COVID-19 test were informed of the process and of their results; care representatives and families were also kept updated about changes to individual residents' needs.

Residents' right to choice, and control over their daily life, was also facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Overall, residents' rights, privacy and dignity were respected, during personal care, when delivered in their own bedroom or in bathrooms. A number of residents spoken with confirmed that they were afforded choice in relation their daily lives and for example,

A programme of varied activities was in place for residents and the inspector saw many lively and quieter activities taking place. Information on the day's events and activities was displayed in the centre. Residents to whom the inspector spoke with confirmed that the activities were very important to them. The inspector was told that residents' spiritual needs were met through regular prayers in the centre and Mass celebrated every Thursday. The inspector was also informed that any other religious denominations were catered for as necessary.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for The Cottage Nursing Home OSV-0004587

Inspection ID: MON-0030349

Date of inspection: 08/09/2020

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>While our audits are comprehensive showing all aspects of staff training including those without the mandatory requirements there is an obvious lack of actions resulting from the audits to ensure maximum compliance. We will in the future highlight and prioritize the actions required to ensure that all trainings are done on time by all staff. To enable this the auditor will add the task of reminding the staff member to complete the training to the relevant managers daily tasks.</p> | |
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>While we were aware of the missing records and the staff member had received a reminder to bring in the requested documents the follow up was not sufficient. It is our policy to have all documents within 2 weeks of the start date. However, at times of staff shortages sometimes this policy was not always followed through. We will review our recruitment check list to ensure that all documents are in place in the allowed period. Failure to produce these documents will lead to suspension from duty until completed.</p> | |
| Regulation 8: Protection | Substantially Compliant |

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| <p>Outline how you are going to come into compliance with Regulation 8: Protection: We will ensure that all monies received or given to residents in relation to their personal monies held will have a double signature by two staff members in a petty cash book to ensure transparency.</p> | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|--------------------|---------------------------------|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 25/09/2020 |
| 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 | 28/09/2020 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Substantially Compliant | Yellow | 25/09/2020 |