



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

Issued by the Chief Inspector

Name of designated centre:	Anna Gaynor House
Name of provider:	Our Lady's Hospice and Care Services DAC
Address of centre:	Our Lady's Hospice & Care Services, Harold's Cross, Dublin 6w
Type of inspection:	Short Notice Announced
Date of inspection:	14 October 2020
Centre ID:	OSV-0000465
Fieldwork ID:	MON-0030542

About the designated centre

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

Anna Gaynor House is a designated centre in south Dublin city which provides full time nursing carer and support for up to 89 adult male and female residents. Residents are supported in single, twin and triple occupancy bedrooms across four units in a single storey building. The service provides care primarily for residents who require a high level of care. The centre avails of modern resources to promote and provide appropriate care and facilities for its residents. Residents are supported by a team of qualified nursing and support staff with centre management based onsite. Residents living in this service have onsite access when required to clinical services including geriatrician, physiotherapist, dietician and occupational therapist. The centre premises includes large communal living and dining areas as well as multiple external courtyards and gardens on the site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	82
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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
Wednesday 14 October 2020	09:00hrs to 17:00hrs	Gearoid Harrahill	Lead
Wednesday 14 October 2020	09:00hrs to 17:00hrs	Sarah Carter	Support

What residents told us and what inspectors observed

Inspectors met briefly with residents throughout the designated centre and observed people going about their day. There was a relaxed, quiet and comfortable atmosphere in the service, and the inspector observed respectful and friendly interactions and chat between staff and the residents. Staff had a good rapport with residents, encouraging people to keep busy, and any personal assistance was done so in a way that was discreet, dignified, and allowed the resident to go at their own pace. Resident independence was respected by staff, and people were able to come and go from their room, communal living rooms and external courtyard areas around the centre, in accordance with their personal support requirements.

Residents were seen enjoying activities in communal and outdoor areas, primarily facilitated by staff whose primary role was supporting people to engage with social and recreational opportunities. Residents enjoyed singing sessions and doing artwork, and some of their work was on display around the premises. Some residents spent time relaxing in the living rooms reading, listening to music and watching television. Residents had access to tablet computers to support them with using the internet, keeping in contact with friends and family, and using streaming services to watch their favourite movies and shows.

Residents were encouraged and welcomed to provide their feedback and suggestions to the service provider through satisfaction surveys. Inspectors found evidence indicating that minor verbal complaints were treated with the same level of attention as formally submitted feedback or complaints. An ongoing complaint from some residents was the reception quality on some television stations. The provider management team discussed with inspectors that they were costing plans to upgrade the television service in the centre.

Capacity and capability

The inspectors found evidence of a service that was striving to keep residents safe and supported during a difficult time, while simultaneously ensuring that residents were encouraged and facilitated to keep occupied and engaged with as much of their usual routine as possible. Measures had been taken to mitigate the impact of reduced access to family, visitors and outings, to adapt and provide alternatives that reduced the risk of isolation, boredom and loneliness.

The provider had rolled out quality development plans to address the issues raised in the previous inspection, and was conducting regular environmental and practice audits to ensure a safe and quality service which effectively supported residents in accordance with their assessed needs. Some improvement was required to ensure

that input from, and staff knowledge of, residents and their lived experience was reflected in the delivery of the service.

This was a short-notice announced inspection, with the person in charge being advised the previous evening. This was done to ensure that key staff were available if required, and to ensure that the inspection could be carried out efficiently and with reduced interruption to the day of the people who live in the centre. At the time of inspection, increased levels of social restriction had been effected for the Dublin region. At the time of inspection, all visits including window visits had been suspended and the provider explained plans to reintroduce these when they could be assured that measures to keep residents and staff safe could be implemented.

Since the start of the COVID-19 pandemic, up to 14 staff members were required to go off-duty to self-isolate, and had all since been cleared to return to work. Systems to detect temperatures and symptoms were in place and staff were following good practice around self-monitoring for symptoms and undergoing temperature checks and routine testing. As a result, residents had been kept safe and at the time of writing, there had been no outbreak of COVID-19 in the designated centre. There was a robust internal task force managing risks associated with the pandemic, and managers and staff received support and guidance from public health teams with whom they engaged on a regular basis.

The management structure and lines of accountability were clear and allowed for good provider oversight of the operation of the centre. There was a succession strategy in place to cover the duties of the person in charge should they be required to go off-duty. A relief panel of qualified and trained staff allowed temporary staffing gaps to be filled with reduced impact on continuity of care and support for residents. The provider had measures to ensure that the designated centre was adequately supplied for personal protective equipment (PPE). There was an adequate supply of cleaning and sanitising materials for the size and layout of the designated centre. Thirteen nursing and care staff onsite had been trained to perform swab testing to make detection times more efficient, and all staff were being tested on a fortnightly basis.

Recent rosters were reviewed for all units in the centre, and both day and night staffing levels were reviewed. Sufficient staff were on duty to meet the needs of the residents in the centre. The provider had increased their number of activity personnel since the last inspection. Two activity staff now worked across seven days a week, and due to efforts to minimise footfall into different units, each unit had these staff allocated every second day. There were additional personnel available to residents to help meet their needs. Health and social care professionals, including physiotherapy and occupational therapists were present in the centre.

Staff had access to a wide variety of online training. An action following the previous inspection was to provide training in care planning to staff. This had commenced in August 2019, and was suspended due to the COVID-19 emergency. Staff attendance at this training varied, from unit to unit, with between 38% and 60% of staff nurses having attended. The inspectors were informed that a plan to re-launch this training was being considered, in line with minimising staff moving from unit to unit, and

ensuring sufficient staffing remained on the units to support residents.

Staff were supervised in their roles by clear line management structures on units. There was a process in place to orientate and induct new staff, and appraisals and performance reviews were carried out by ward managers.

The provider had conducted a range of audits to improve and develop the quality and safety of the service. Among these were audits to give effect to plans in achieving compliance with matters raised in previous inspections. For actions identified for quality improvement, they were assigned to a responsible person, with times for completion noted. Updates on these actions were discussed in management meetings. Examples of these audits included ensuring that residents who were at risk of malnutrition had clear nutrition support plans in place, or that residents who were prescribed chemical interventions as part of their behavioural support plans only had this done when all other options had been exhausted. Nursing practice was monitored to ensure that best practice was being followed when administering and recording medications during drug rounds. Where residents used bedrails, provider audits had identified where there was insufficient recording of consent from the resident for their use.

The provider had completed their annual review of the quality and safety of the service and were using these audits and the relevant standards to set out achievements of the preceding years and strategies for development in the year ahead. However, inspectors did not find evidence in the annual review that it had been prepared in consultation with residents and their representatives.

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to continue to meet the support requirements of residents in line with the statement of purpose. Adequate contingency arrangements had been put in place to limit staff movement between the units and ensure that each area was individually staffed.

The staffing rosters evidenced that the centre has a stable workforce and this had a positive impact on resident care needs. At the time of inspection the centre was almost fully staffed and the centres had access to its own bank of staff to fill absences and vacancies if required. There were registered nurses on duty at all times as confirmed by the person in charge and the staff roster.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed the mandatory training courses including safeguarding

vulnerable adults and fire safety. The person in charge had ensured that staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of PPE. In documents seen by the inspector on the day of inspection, 98% of staff had attended these sessions.

In discussion with inspectors, staff demonstrated good knowledge of the current guidance; Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. In addition inspectors observed that staff implemented good infection control practices in hand washing, social distancing and cough etiquette.

Staff confirmed they had access to a wide variety of training, and many modules were available online. Staff had attended both online and in-person fire safety training. Percentages of staff attending training were given to inspectors, per unit, and between 81% and 98 % had received fire training.

As a follow up action from the last inspection, records were requested and reviewed relating to the implementation of care planning training. This training had been provided in person; from August 2019 until early 2020, however it was currently not running, and management staff were planning how to run the training in the context of the COVID-19 emergency.

The registered provider had effective systems in place for staff development and supervision, which included induction, probation and regular appraisals. Staff were provided with professional psychological support following the outbreak.

Judgment: Compliant

Regulation 21: Records

Records required or requested for use as evidence to determine compliance with the regulations were accessible and available in the designed centre for inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a well-established management team with a clearly defined governance and management structure that identified lines of authority and accountability. The registered provider maintained good oversight of service provided and ensured that there were adequate resources allocated in terms of staffing, equipment, facilities

and catering arrangements.

Audit systems were in effect to promote the delivery of safe, quality care and support services which contributed to provider oversight of the service and identified areas in need of improvement. Where actions had been identified, this was done with timebound planning and responsible persons assigned to see them through to completion.

The provider had summarised their findings in the annual review of quality and safety of the service for 2019. However this review did not contain evidence that it had been prepared with consultation and input from residents and their families.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies which included all those required under Schedule 5 of the regulations. Where relevant, policies had been updated to reflect national guidance related to COVID-19.

Judgment: Compliant

Quality and safety

While residents' lives had been impacted by the social restrictions resulting from COVID-19 precautions, the inspectors observed good examples of how staff were supporting people to pursue their preferred routine as close to normality as possible. The provider had greatly enhanced the onsite activities programme, and care staff were observed taking the time to chat to residents and keep people occupied and engaged while otherwise supervising communal areas and ensuring people were safe and comfortable.

This year the provider had recruited two full-time staff members whose primary responsibility was to provide meaningful social and recreational opportunities to residents on a group and individual basis. This provided an improved level and consistency of residents being provided with stimulating and interesting things to do with their day, and took pressure off direct care and support staff who had more time to attend to residents' personal support requirements. Music and artwork sessions were observed being well-attended and residents were encouraged and facilitated to get outside in the fresh air as part of their daily routine.

Residents had access to facilities for recreation. There was access to outdoor gardens and courtyards, and each unit had a communal day room, where activities

took place. It was observed that residents could exercise their own personal choices by joining or declining the offers of activity. The accommodation was a mix of single and multi-occupancy rooms, and residents in multi-occupancy rooms had privacy curtains around their bed areas, to ensure they could undertake activities in private. There were televisions and radios throughout the centre, and access to wireless internet. It was commented to inspectors that the television reception was at times unsatisfactory, due to the type of system in place. Many residents were observed to be watching TV.

Residents had been consulted about the running of the centre before the pandemic. This took the form of residents meetings, but as a result of restrictions to groups meeting, their views were being sought through surveys, coordinated by the person in charge. Residents had access to advocacy support, through the on-site social work team, and also from an independent external agency.

The premises was spacious, clean and well-maintained, and was generally designated to allow for effective social distancing between residents and staff. Each unit had a large sunny living and dining area in which residents could relax, chat, read or browse the internet. Residents who required oxygen had access to supply from the communal areas as well as their bedrooms, and call bells were available in private and common areas.

There was sufficient space to navigate the rooms and hallways, which was important as this designated centre accommodates a large number of residents who require sizable equipment to support mobilisation. Bedrooms were of a suitable size to accommodate residents and their personal equipment, and there was privacy screening between beds in shared bedrooms. The premises also featured a number of pleasant outdoor areas of which residents were able to avail without restriction. The provider had risk assessed where external doors could be left open for fresh air and for people to stroll outside without risk of people going missing or having an injury.

As an ongoing finding from previous inspections, there was insufficient storage space in which to leave resident assistance equipment such as hoists, as well as other items such as linen trolleys and chair scales, when not in use. This lack of designated storage space necessitated the use of inappropriate areas to store these, including inside accessible bath and shower areas which were not used as often as others. The provider had risk assessed this use and there are long-term plans to develop parts of the designated centre to provide suitable storage space for these items and reduce the impact on access to these facilities.

The provider maintained a risk register for the designated centre. This had been updated where relevant to reflect precautions and national guidance related to COVID-19. The provider had detailed the centre-specific control measure being effected to keep the people living and working in the centre safe. They had also risk-assessed and laid out control measures related to secondary impact such as reduced access to visitors and activities, and increased risk of staff anxiety and absence.

Inspectors followed up on areas for improvement which had been raised on previous inspections regarding fire safety precautions. Since the last inspection, the provider had held regular announced and unannounced simulated evacuation drills to assure themselves that at any time of day or night, staff were able to support residents to evacuate in a safe and efficient manner. In their simulated evacuation practices, the provider had considered night-time scenarios, and the increased assistance requirements for residents with specialised equipment or higher support needs. Staff had been kept up to date on their training in fire safety and those spoken with were familiar with what to do in the event of a fire. The premises structure allowed for containment of flame and smoke and clear direction on exit routes to assist and effective horizontal evacuation.

Infection prevention and control practices in the centre were observed to be safe. Staff were up-to-date in their knowledge of infection prevention and control guidance and demonstrated good practice in hand hygiene and use of appropriate personal protective equipment.

The residents had good access to clinical services, many of which were available on a regular basis or as needed from onsite. Residents had the option of retaining their own general practitioner and consultant geriatrician services was available onsite. Other healthcare professionals including physiotherapist, occupational therapist, dietician and speech and language therapist were also available. Residents were facilitated to access general medical services such as dentistry and chiropody through their medical card. The provider could also access psychiatry of old age services through the local hospital where required. Where staff were instructed to perform monitoring to assist with care plan review by these services, this was being carried out, such as regular documenting of weight fluctuation.

Inspectors reviewed a sample of care and support plans for each unit of the centre. Overall the plans were clear and accurate, and contained information on aspects of life including personal care, personal hygiene support, nutritional planning and managing clinical needs such as epilepsy and pain management. However a number of these plans required improvement to be person-centred and to reflect the good personal knowledge of the staff who assisted the residents. Many of the plans used pre-populated text, which made it difficult for staff to tailor them to reflect the most effective means to support the resident with their personal support needs. For example, for residents who required different levels of mobility support depending on where they are or what they are doing, some plans identified only one of these means. For residents who required support to deescalate expressions of frustration or distress, there were detailed, respectful and person centred strategies outlined in supplementary documents. However these separate detailed instructions were not referred or summarised in care plans to make it clear to the reader how to best support each person.

The activities coordinators had composed concise, detailed and individualised descriptions of residents' interests and preferred recreational activities. While these contained useful information on how best to support each resident to have a stimulating and meaningful day, it had not translated into the suite of care and support plans for the resident. While care plans were kept under review based on

changing needs and input from ongoing needs assessments, some improvement were required in how these plans were evaluated and reviewed with input from relevant clinicians, the resident, and where relevant, their family members.

Residents were encouraged to retain their independence and the provider was promoting a restraint-free environment with no unnecessary environmental restriction such as locked internal doors. Where residents had physical measures in place such as bedrails and lap belts, the rationale for their use was kept under regular review, with the resident's consent documented. Risk assessment for potential injury from these features was described in their support plan. Where a resident was prescribed chemical restraint as a means of protecting themselves and others, this was done as a last resort measure after all other alternative measures to support the person had been exhausted.

Regulation 11: Visits

The provider had arrangements in place for residents to meet with their families in a safe manner. Residents were facilitated with options to remain in remote contact with their loved ones. While access by visitors was restricted to reduce infection control risks, exceptions were made in exceptional circumstances or compassionate grounds.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was of a suitable size and layout to accommodate the number and assessed needs of the people living in the designated centre. There were suitable dining and living areas in the building as well as multiple options of safe and secure external space.

There was insufficient space in which to store resident equipment when not in use, necessitating some inappropriate storage locations which restricted access to bath and shower facilities.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider had an updated risk register which identified and assessed risks in the designated centre. The register had been updated to account for COVID-19

precautions and the secondary impact of same, such as increased likelihood of staff depletion. For all identified risks, the provider had outlined the control measures to mitigate the potential impact on residents, staff and operation of the designated centre.

A local task force had been established to respond to the ongoing risks related to infection control, and there was a robust contingency plan to prevent and respond to the pandemic in the context of this centre. Routine testing, monitoring of symptoms and temperatures, and enhanced separation of units were in effect to reduce risk of spread.

Judgment: Compliant

Regulation 27: Infection control

The premises was clean, tidy and well-equipped with hand washing stations, antibacterial gel dispensers, information posters to remind personnel to abide by social distance practices.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was accessible and available and staff used it in line with current guidance. Inspectors observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately. Staff were knowledgeable and confident when they described to inspectors the cleaning arrangements and the infection control procedures in place.

A lead nurse had been assigned and was responsible for infection prevention and control across the centre. Following the receipt of information about cleaning trolleys moving through one unit at the end to their storage area in the basement, it was clarified that cleaning trolleys were in fact remaining on their units at the end of the day.

Overall, there were robust cleaning processes in place. Cleaning schedules and signing sheets were completed. Inspectors observed staff decontaminating equipment between use and adhering to infection control guidelines. There were safe laundry and waste management arrangements in place.

A new digital scanning system had been introduced at the entrance to actively monitor staff and visitors' temperature in a contactless manner. Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and all staff changed their clothes on coming on and off shift.

Hand sanitizers were placed strategically to ensure staff were accessing and using them regularly in line with current best practice guidance. There were systems in place to ensure staff minimise movements around the centre and rosters showed that staff worked in one designated unit and did not transfer across to other units in

the building.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had implemented measures since the previous inspection to provide assurances that staff could support residents to exit the building in safe and efficient manner in the event of emergency. Practice drills were conducted which simulated various scenarios including night time staffing levels. The building was suitably equipped with infrastructure to contain the spread of flame or smoke, detect and alert fire, and effectively guide people to the nearest exit.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care and support planning and documentation was available for each resident in the centre and were informed by individual assessments of clinical and social needs. While these plans were factual they did not consistently reflect the level of individual, resident-centred knowledge of the staff who were supporting residents. The care and support plans did not collate or refer the reader to the detailed information documented elsewhere, such as the residents 'preferred recreational activities, or how to most effectively support people who may be at risk to themselves or others due to expressions of distress or frustration. Improvement was required in these plans to evidence how they had been reviewed and their effectiveness evaluated with input from the relevant clinicians and the residents themselves.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to their doctor and any health care professionals required as part of their assessed care and support needs. A range of clinical services were available on site and could be accessed when required, including physiotherapist, speech and language and dietetic services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

For residents who posed a risk to themselves or others in how they expressions of distress or frustration, detailed strategies of positive behavioural support had been created which were personal to the resident and outlined the most effective means of deescalating incidents. Where these strategies involved restrictive practices, it was done as a last resort when al other measures had been attempted, and was kept under review to ensure that it was the least restrictive option for the lowest amount of time to effectively support the resident.

For residents who used bedrails when sleeping, the provider had conducted an audit to ensure that these were used with appropriate rationale and with the residents request or consent.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors spent time observing residents and staff engagement. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well, and content and those who engaged with the inspectors confirmed that they were empowered to live a fulfilling life within the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

There were facilities in place for recreational activities across each unit and residents were observed throughout the day enjoying activities in small groups while also respecting the social distance. In addition, for those residents with greater dependency needs there were one to one activities that took place in the resident's bedroom. Residents had access to safe and well-maintained internal gardens.

At the time of inspection, some residents were in their bedrooms while others were in the communal areas participating in activities such as reading the newspaper, watching television, or using their tablet computers.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Anna Gaynor House OSV-0000465

Inspection ID: MON-0030542

Date of inspection: 14/10/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Utilisation of resident and family feedback systems, such as residents questionnaire and "your service, your say" to inform and guide the annual review of quality and safety review. This annual review of quality and safety will be completed for presentation to the Quality and Safety Committee in February 2021.</p> <p>Completion date by 28th February 2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Unused bathrooms will be reconfigured to store rooms on the units. This will require significant refurbishment works of these rooms. Plan to be completed by 31st December 2021. Restrictions with COVID and allowing such significant works to be carried out in the centre could cause delays.</p> <p>Planned completion date: 31st December 2021.</p>	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Plan to resume care plan training that had commenced before COVID as soon as practical. This is a tailored course developed by our in house Practice Development Team and Nurse Tutors.</p> <p>In the interim prompt sheets will be developed for staff to utilize, this will encourage staff for more rounded thinking in relation to putting their extensive knowledge of the residents into care plans.</p> <p>Planned completion date: 30th June 2021</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	28/02/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre	Substantially Compliant	Yellow	30/06/2021

	concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2021