Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Abbot Close Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Abbot Close Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>St. Marys Terrace, Askeaton, Limerick</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>20 February 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0004682</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0020750</td>
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</table>
About the designated centre

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

Abbott Close Nursing Home is part of the Windmill group of nursing homes. It is a purpose built nursing home which opened in 2006 and is registered to provide care to 65 residents. It has 47 single bedrooms and nine twin bedrooms, all of which are en-suite. The centre includes spacious dining facilities, lounge areas and gardens. There is a dedicated dementia specific wing, with its own dining and lounge facilities as well as an enclosed private garden and walkway. Abbott Close Nursing Home provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. The aims and objectives of care, as set out in the statement of purpose, are to provide quality care for all the residents and to ensure all services are delivered to the highest standard. The ethos of care is to promote residents’ dignity, individuality and independence and to assist residents to maintain their goals and objectives. The centre aims to ensure that residents are nurtured and cared for in a warm, safe, friendly and homely environment. The centre provides 24-hour nursing care with a minimum of two nurses on duty at all times. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>15/06/2021</th>
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<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>59</td>
</tr>
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</table>
How we inspect

To prepare for this inspection the inspector or 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 February 2018</td>
<td>10:30hrs to 18:10hrs</td>
<td>Caroline Connelly</td>
<td>Lead</td>
</tr>
<tr>
<td>21 February 2018</td>
<td>08:50hrs to 16:40hrs</td>
<td>Caroline Connelly</td>
<td>Lead</td>
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</tbody>
</table>
Views of people who use the service

The inspector spoke with the majority of the residents throughout the inspection. Residents said they felt safe and well cared for and knew the names of the person in charge, the provider and staff whom they considered to be approachable and helpful.

The majority of residents reported satisfaction with the food and said choices were offered at meal times. They particularly complimented the home baking which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction.

Some of the residents who the inspector spoke with were very happy with the activities and said they particularly enjoyed the music sessions, exercises and bingo. Other residents said they would like more activities, particularly for the male residents. Residents were very complimentary about staff, saying staff were very caring and helpful and that staff always came when they rang the bell morning and night. A number said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered. The inspector was satisfied that there was a clearly defined management structure in place, with an effective governance structure that was accountable for the delivery of the service.

The centre is owned and operated by Windmill nursing home group which consists of five nursing homes. The management team included both directors of the group and one of the directors was in the centre on a regular basis. The person in charge was new to the centre since the previous inspection, but was an experienced nurse and manager. He was supported by an assistant director of nursing and a team of nursing, care, administration, household, catering and other staff. The person in charge is also supported by the group's human resource manager, finance manager, procurement and general administration staff.

The inspector saw that the governance structure in place ensured clear lines of accountability, clarity and consistency of roles so that all members of staff were aware of their responsibilities and who they were accountable to. The management
team was generally proactive in response to actions required from the previous inspection, and the inspector viewed a number of improvements throughout the centre.

There were systems in place for monitoring the quality and safety of care provided to residents. The person in charge was compiling key performance data on a weekly basis. There was evidence of audits across aspects of care and service delivery with many audits having taken place during 2017 and to date in 2018. These included internal audits and reviews in areas such as end of life, infection control audit, responsive behaviours, the kitchen, pressure ulcers and medication. Although audit outcomes and corrective actions required were documented, there were no plans in place to address actions or any evidence of how audit findings had resulted in any changes to practice. The person in charge acknowledged that further actions were required and were ongoing.

There was evidence of consultation with residents and relatives through residents' meetings chaired by activity and nursing staff. However, improvements were required in the follow through of issues identified at these meetings, and residents' satisfaction surveys had not taken place as outlined on the last inspection. A comprehensive annual review of the quality and safety of care delivered to residents in the centre was conducted in accordance with the standards. Actions required from the previous inspections were incorporated into the annual review and the actions taken to address non-compliances were documented.

Communication systems were in place to support staff in providing safe and appropriate care. Handover meetings took place at the start of each shift to ensure good communication and continuity of care from one shift to the next. The inspector saw a further handover meeting took place at 12.00hrs daily. This meeting proved a very effective mode of communicating residents’ needs with the whole team and an opportunity for care staff to feed back to the person in charge and nursing staff. Regular staff meetings took place. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories.

Mandatory training was completed and up to date in fire safety, safe moving and handling, safeguarding vulnerable persons and responsive behaviours. Other training provided included continence promotion, food hygiene, dementia-specific training and infection control. Nursing staff confirmed they had also attended clinical training.

Duty rosters were maintained for all staff, and during the two days of inspection the number and skill-mix of staff working during the day and evening was observed to be appropriate to meet the needs of the current residents. However, staffing levels at night required review to take into account the size and layout of the centre.

The inspector met the human resources (HR) manager and reviewed a sample of staff files which included all the information required under Schedule 2 of the regulations. Registration details with An Bord Altranais for 2018 was seen for nursing staff. The HR manager confirmed Garda Síochána (police) vetting was in
place for all staff and no staff commenced employment until all aspects of vetting were in place. A file was kept for volunteers who worked in the centre. Recruitment campaigns were ongoing to ensure there were adequate and appropriately trained staff in the centre.

There were systems in place to manage critical incidents in the centre and all accidents and incidents in the centre were recorded, appropriate action was taken, and incidents were followed up on and reviewed. The person in charge and provider demonstrated their knowledge of the requirement to notify HIQA of specific incidents. Notifications were received in a timely manner, and the inspector found appropriate action was taken. However, the inspector recommended further trending of accidents and incidents takes place to identify patterns and trends and ensure appropriate action is taken to prevent or minimise accidents and incidents.

### Regulation 14: Persons in charge

There is a person in charge of the centre who meets the criteria of legislation. He is a registered nurse with the required experience in older persons nursing and management.

**Judgment:** Compliant

### Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there were a minimum of two nurses on duty at all times, with a regular pattern of rostered care staff. However, staffing levels at night required review to take into account the size and layout of the centre as the staffing levels reduced after midnight to two nurses and one care staff for both the upstairs and downstairs units, with a further care staff in the dementia specific unit.

**Judgment:** Substantially compliant
<table>
<thead>
<tr>
<th>Regulation 16: Training and staff development</th>
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<tbody>
<tr>
<td>A comprehensive training matrix and staff spoken with confirmed that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as nutrition and continence care. Nursing staff also attended clinical training such as wound care, phlebotomy, medication management and male catheterization. There was evidence that training was scheduled on an ongoing basis.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
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<tr>
<th>Regulation 19: Directory of residents</th>
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<tbody>
<tr>
<td>The directory of residents was found to contain all the required information.</td>
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<td>Judgment: Compliant</td>
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<thead>
<tr>
<th>Regulation 21: Records</th>
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<tr>
<td>A sample of staff files viewed by the inspector were found to be very well maintained and to contain all the requirements of Schedule 2 of the regulations. Other records reviewed were found to be securely stored and easily retrievable.</td>
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<td>Judgment: Compliant</td>
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<tr>
<th>Regulation 23: Governance and management</th>
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<tr>
<td>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 had completed a number of audits. However, as identified on the previous inspection, it was not evident how the findings of these audits had resulted in any</td>
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changes to practice and there were no action plans to address issues identified.

**Judgment: Substantially compliant**

<table>
<thead>
<tr>
<th>Regulation 24: Contract for the provision of services</th>
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<tr>
<td>The inspector viewed a number of contracts of care and although they contained information on the room occupied by the resident and the fee to be paid, they did not clearly outline what the charges were for additional services not included in the fee.</td>
</tr>
<tr>
<td><strong>Judgment: Not compliant</strong></td>
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<tr>
<th>Regulation 3: Statement of purpose</th>
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<tbody>
<tr>
<td>A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre’s vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.</td>
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<tr>
<td><strong>Judgment: Compliant</strong></td>
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<tr>
<th>Regulation 30: Volunteers</th>
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<tbody>
<tr>
<td>The inspector viewed the files of volunteers working in the centre and saw appropriate vetting had taken place and there was a written agreement in place.</td>
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<tr>
<td><strong>Judgment: Compliant</strong></td>
</tr>
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| Regulation 32: Notification of absence |
The person in charge was new to the centre since the previous inspection and the provider had notified HIQA of the absence of the previous person in charge.

**Judgment: Compliant**

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<tr>
<th><strong>Regulation 34: Complaints procedure</strong></th>
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Improvements in complaints management had been made since the previous inspection. The complaints policy now met the requirements of legislation. There was a more robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

**Judgment: Compliant**

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<tr>
<th><strong>Regulation 4: Written policies and procedures</strong></th>
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The designated centre had all of the written operational policies as required by Schedules 5 of the regulations. Policies were centre specific, comprehensive and referenced the latest national policy, guidance and published research. Policies had been updated in January 2018 and staff were made aware of their contents.

**Judgment: Compliant**

<table>
<thead>
<tr>
<th><strong>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</strong></th>
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There is a newly appointed assistant director of nursing, who takes charge of the centre in the absence of the person in charge and the inspector interacted with her throughout the inspection.

**Judgment: Compliant**
Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre generally ensured that the rights and diversity of residents were respected and promoted. There was evidence of good consultation with residents. Residents were consulted with on regular basis by the person in charge and staff. Formal residents' meetings were facilitated and residents could practice their religious beliefs.

There was a good level of visitor activity throughout the inspection and visitors said they felt welcome and had open access to visit their relatives. There was a visitors' room available where residents could receive visitors in private if they wished. Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents can vote in the centre if they wish, while some residents prefer to go to their own constituency to vote. Residents' religious preferences were ascertained and facilitated.

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Bedrooms provided were mainly large single en-suite bedrooms with a smaller number of twin en-suite rooms. The centre was found to be homely and accessible, and the dementia specific unit had extra features of individually such as coloured bedroom doors and signage to ensure residents could find their way around. However, as identified on numerous previous inspections, the communal space in the main part of the centre was limited. There was only one sitting room and a number of residents tended to sit in the main entrance foyer area. The number of residents sitting in the foyer had increased since the last inspection, and residents were now moving out onto the corridor because of the lack of space in the sitting room. Although there were attempts to make this part of the centre comfortable and homely, there was no television or radio for residents who spent the day in this area. The provider told the inspector that there were plans to build a conservatory off the main sitting room. However, as on the previous inspection, work on this conservatory had not commenced and the provider did not have a start date.

There was a full-time activity co-ordinator who fulfilled the role of meeting residents' social care needs. There was a comprehensive programme of activities available to residents which included Sonas, art and crafts, bingo, sing-songs, exercise sessions, religious activities, trips out and other more individualised activities. Residents and relatives told the inspectors how much they enjoyed the activities. However, the activities co-ordinator spent their time between the main house and the dementia unit and activities were generally provided in the sitting room areas. The inspector observed that a number of residents spent large parts of the day sitting in the foyer with little to do. There were few activities provided for the large number of male residents and number of younger male residents who told the inspector they would like more activities geared towards their interests and needs. This was also identified by some relatives.
Staff supported residents to maintain their independence where possible and residents' healthcare needs were met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and outpatient services. Residents in the centre also had access to specialist mental health services and were reviewed regularly and as required. The inspector also observed that residents had easy access to other community care based services such as dentists and opticians. Overall, residents and relatives expressed satisfaction with the healthcare service provided.

Since the previous inspection, improvements were seen in assessments and care planning. The assessment process involved the use of a variety of validated tools and care plans were found to be more person centred to direct care. Improvements were seen in the monitoring of wounds and nursing care provided was evidence-based. Systems were in place to make sure that care plans were reviewed and updated on a regular basis to ensure that residents' up-to-date care needs were met. There was evidence of residents' and relatives' involvement in the development and review of their care plans where possible.

Ongoing improvements were seen in medication management. Written operational policies advised on the ordering, prescribing, storing and administration of medicines to residents which were adhered to by staff. Audits of medication management were taking place and errors were being recorded and actioned appropriately.

There were systems in place to ensure residents' nutritional needs were met, and that residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of meals at mealtimes and the inspector saw staff assist residents with eating and drinking. This was undertaken in a discreet and sensitive manner. Residents were complimentary about the food and choice provided.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of his legal obligations to report issues. Issues had been notified to HIQA as required and appropriate actions taken. There were systems in place to safeguard residents' money handed in for safekeeping. However, the provider was a pension agent for a number of residents and many residents did not have individual accounts. Therefore systems in place to manage that money required improvement.

There was a centre-specific restraint policy, updated in January 2018, which promoted a restraint-free environment and included a direction for staff to consider all other options prior to its use. The inspectors saw that the centre had reduced its bedrails use to seven residents at the time of the inspection, and there was evidence that other alternatives such as low-profiling beds and alarm mats were
Systems were in place to promote safety and effectively manage risks. Policies and procedures were in place for health and safety, risk management, fire safety, and infection control. There were contingency plans in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. The inspector saw adequate precautions against the risk of fire. Fire fighting equipment, alarms and emergency lighting were all provided and serviced at appropriate intervals. Training was provided to all staff. However, the procedures to be followed in the event of a fire were not displayed. Although fire drills had taken place during the regular fire training, no fire drills had taken place outside of this and none had been simulated night time conditions where there were reduced staffing levels.

**Regulation 12: Personal possessions**

There was plenty of storage space for residents to store and maintain their personal possessions. However locked storage was not available in all bedrooms.

**Judgment:** Substantially compliant

**Regulation 17: Premises**

As identified on numerous previous inspections, the communal space in the main part of the centre was limited. Increasing numbers of residents were sitting in the foyer and were now moving out onto the corridor due to lack of space in the sitting room.

Parts of the centre required redecoration. Paint was chipping off the walls, and woodwork and torn flooring was seen. The inspector also saw tiles and a lamp shade missing from rooms, and an arm chair had worn patches that did not allow for effective cleaning for infection control purposes.

**Judgment:** Not compliant

**Regulation 18: Food and nutrition**
Residents' needs in relation to nutrition were met. Meals and meal times were observed to be an enjoyable experience.

**Judgment:** Compliant

### Regulation 26: Risk management

The inspector saw that oxygen cylinders were stored in the nurses' office and oxygen concentrators were maintained in residents' bedrooms. There was no cautionary signage in place advising of the danger in relation to naked flames and the risk assessment for storing oxygen did not sufficiently outline the control measures required for safe storage.

**Judgment:** Not compliant

### Regulation 28: Fire precautions

Overall, regular fire training was delivered in the centre. Fire alarms, emergency lighting and fire fighting equipment were serviced at appropriate intervals. Staff demonstrated an awareness of what to do in the case of fire; however, signage on what to do in the case of fire, identifying compartments, was not available in the centre.

Fire evacuation drills had formed part of the fire training; however, no other fire drills had taken place and no fire drill had simulated reduced staffing levels at night time.

**Judgment:** Not compliant

### Regulation 29: Medicines and pharmaceutical services

Continued improvements in medication management was seen in the centre during this inspection. All medications were prescribed and administered in accordance with best practice guidelines. Medication competency assessments had been commenced by the person in charge with nursing staff and medication audits were conducted.
Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Improvements were seen in the overall assessments and care planning since the previous inspection. Care plans viewed by the inspector were personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place and detailed residents wishes at end stage of life.

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 dietician speech and language, chiropody and tissue viability as required.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

A policy on managing responsive behaviours was in place. Training records confirmed that staff had received responsive behaviour training. There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by staff, using effective de-escalation methods. This was reflected in responsive behaviour care plans.

Judgment: Compliant

**Regulation 8: Protection**

There were a number of measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. However, the management of residents' finances for whom the provider was a pension agent required review. Records showed that pensions were paid directly into the nursing
The Department of Social Protection requires that the full amount must be paid to the resident before any deductions can be made. The Department also state the balance of payment should be lodged in an interest bearing account for the resident. However, these residents did not have personal bank accounts and inspectors saw that sums of money were being held within the nursing home account, and not in a separate resident account. There should be clear separation between the resident's account and that of the service.

Judgment: Not compliant

### Regulation 9: Residents' rights

Overall, residents stated their rights were respected. Residents were consulted in the running of the centre at residents' meetings; however, there was no evidence of follow up or action on issues raised in these meetings.

Although there was a good programme of activities in the centre, the inspector saw a number of residents sat with little to do during the two days of inspection. There were few activities provided for the large number of male residents and number of younger male residents who told the inspector they would like more activities geared towards their interests and needs.

Judgment: Not compliant
### Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 32: Notification of absence</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</td>
<td>Compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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<tr>
<td>Regulation 12: Personal possessions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Not compliant</td>
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<tr>
<td>Regulation 9: Residents' rights</td>
<td>Not compliant</td>
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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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 15: Staffing:

Following the inspection, a review of the allocation of duties was initiated resulting in an increase of direct care provided to residents by nurses and care staff. We also put in place systems to maximize skills of staff by using lap-top computers (not in office) and allocate staff to resident's areas.

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Audits are ongoing and audits that have been completed have resulted in actions being identified with subsequent changes to practice.

<table>
<thead>
<tr>
<th>Regulation 24: Contract for the provision of services</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Following a review of the Contract of care we have updated and included fees for additional services onto the current contract.
<table>
<thead>
<tr>
<th>Regulation</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Substantially Compliant</td>
<td>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Bedside lockers will be fitted with locks and keys by May 4th 2018</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not Compliant</td>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: Work to the proposed conservatory will commence on 5th June 2018 in line with Planning Notification and is expected to take four months. Ongoing redecoration has commenced to include painting, repairs to floors, tiles and furniture.</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Not Compliant</td>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management: The Risk Assessment had been updated to include correct storage and usage of oxygen. Cautionary signage is now in place in the appropriate places.</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not Compliant</td>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Signage on what to do in case of fire and identifying the compartments are now in place and displayed. Fire drills during the day and night are planned for week ending 6th May 2018.</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Not Compliant</td>
<td>Outline how you are going to come into compliance with Regulation 8: Protection: A fiduciary bank account is now in place with Bank of Ireland</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Not Compliant</td>
<td>Outline how you are going to come into compliance with Regulation 9: Residents' rights: At our residents meeting of Thursday April 25th an action was agreed and formulated. A Men’s Shed is commencing the beginning of May 2018</td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 12(c)</td>
<td>The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>04 May 2018</td>
</tr>
<tr>
<td>Regulation 15(1)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30 April 2018</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance</td>
<td>Color</td>
<td>Date</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>05 October 2018</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30 April 2018</td>
</tr>
<tr>
<td>Regulation 24(2)(d)</td>
<td>The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>18 May 2018</td>
</tr>
<tr>
<td>Regulation 26(1)(b)</td>
<td>The registered provider shall ensure that the risk management</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30 April 2018</td>
</tr>
</tbody>
</table>
policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Description</th>
<th>Status</th>
<th>Color</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>28(1)(e)</td>
<td>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>08 May 2018</td>
</tr>
<tr>
<td>28(3)</td>
<td>The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>08 May 2018</td>
</tr>
<tr>
<td>8(1)</td>
<td>The registered provider shall take all reasonable measures to protect residents from abuse.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>20 April 2018</td>
</tr>
<tr>
<td>9(2)(b)</td>
<td>The registered provider shall provide for residents opportunities to participate in activities in accordance with</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>10 May 2018</td>
</tr>
<tr>
<td>Regulation 9(3)(d)</td>
<td>A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>26 April 2018</td>
</tr>
</tbody>
</table>