



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Clonskeagh Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Clonskeagh Road, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	10 September 2020
Centre ID:	OSV-0000491
Fieldwork ID:	MON-0030422

## About the designated centre

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

Clonskeagh CNU is located in South Dublin and is run by the Health Service Executive. It was purpose built and provides 81 long-term care and 9 spaces for respite care. There is also a 16 person day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy.

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

Number of residents on the date of inspection:	73
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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
Thursday 10 September 2020	09:00hrs to 15:30hrs	Siobhan Nunn	Lead
Thursday 10 September 2020	09:00hrs to 15:30hrs	Helen Lindsey	Support

## What residents told us and what inspectors observed

Inspectors received a warm welcome from staff and residents throughout the inspection. A thorough infection prevention and control process was in place as inspectors arrived, which included, taking temperatures, wearing masks, and signing in.

The designated centre was bright and decorated in a homely manner in keeping with the "butterfly home" model. This provided stimulation and comfort to residents throughout the day. Each unit had a different theme. Residents were seen to be looking at the decor, and on one unit a resident was said she really enjoyed seeing all of the bright colours and decorations. The management team explained they had reviewed the approach in the centre to support people living with dementia, and were balancing it with the need for good infection control practices.

During the inspection residents were observed relaxing in communal areas and in their rooms, according to their choices. A number of residents were unable to express their views but inspectors observed staff attending to their needs with kindness and patience.

One resident described the centre as having "good food and good staff". They said that they would talk to staff if they needed anything or had any complaints. Another resident described staff as being "very good". Residents were happy to be able to receive visitors after coming out of a long period of isolation during a COVID-19 outbreak. Inspectors saw that visiting rooms had been set up for each unit, and they were accessible from the ground floor to reduce the movement of people through the centre.

Inspectors observed staff being attentive to resident's needs and incorporating hand hygiene and the cleaning of surfaces into everyday activities. For example residents were enjoying a TV sing along session and a member of staff was gently cleaning the surface of a wheelchair and residents hands while swaying and singing with the residents to the music.

## Capacity and capability

This centre operates with an established person- centred culture which has been enhanced over a number of years by the "butterfly home" model of care. There was no person in charge notified to the Chief Inspector at the time of the inspection. The management roles had been filled by experienced senior staff, who ensured the continuity of good quality care within the centre during the COVID-19 outbreak.

The designated centre notified HIQA on 24 March 2020 of an outbreak of COVID-19. During this time until the outbreak finally ended on the 6th August 2020, 60 staff members and 49 residents contracted COVID-19. Sadly 15 residents passed away. Staff confirmed that they had communicated with families throughout the outbreak via telephone calls and text messages every week.

Management at the centre reported that they were in constant contact with the Health Service Executive (HSE) public health team, who provided them with advice seven- days a week. Inspectors reviewed the minutes of outbreak control team meetings during this time. These demonstrated the assistance that was provided to management and the constant focus on providing the best care possible for residents.

Staff spoke with inspectors with great sadness about the loss of residents, and the difficulties they encountered during the pandemic. They said that the help they received from student nurses, and other colleagues redeployed from other roles, when their colleagues were ill was greatly appreciated. Experienced staff worked with the residents who were most in need because they were familiar to the residents and were able to offer them comfort during their illness. One staff member said that when things got difficult they just provided "more care and love" to residents.

Psychological support was provided to staff throughout the pandemic. All staff members said that they received great support from the managers at the centre and that the designated Infection Prevention and Control nurses were particularly helpful by ensuring that hygiene standards were maintained. Staff said that they learned a lot during the outbreak and were well prepared in the event of another COVID-19 outbreak.

During the inspection, staffing levels were seen to meet the needs of residents. Staff on duty included the management team, clinical nurse managers, nurses, health care assistants and a range of support staff. Residents needs were being met in a timely way, and engagement between residents and the staff was seen to be friendly and focused on ensuring residents felt settled and comfortable in the centre.

There was a culture of training and learning in the centre. Records showed staff had completed a wide range of skills training to ensure they were up to date in a range of practice areas. While records showed 2019 training plans had been comprehensive, the 2020 plan was impacted by the COVID-19 pandemic. There had been a strong focus on ensuring all staff received training in infection control practice, however some staff had not received refresher training for mandatory training in fire safety and safeguarding vulnerable residents.

There were clear arrangements for raising concerns or complaints in the centre. Inspectors reviewed the records and found they were being dealt with in line with the policy. There were posters and comments boxes around the centre providing information about how to raise issues.

There were clear governance and management arrangements in place, including regular meetings with the registered provider representative to discuss resources

and escalate any issues in the centre. Arrangements during the COVID-19 outbreak ensured management were responding to issues as they arose in the centre, to enable them to identify appropriate supports. Following the absence of the Person in Charge at the end of May a senior nurse covered her duties.

#### Regulation 14: Persons in charge

The Chief Inspector received notification from the provider on the 6th July 2020 that the person in the role of 'person in charge' was going to be absent for more than 28 days. On the day of inspection the provider had not submitted all of the information required which was related to the person who was taking over the responsibilities of the person in charge.

Judgment: Not compliant

#### Regulation 15: Staffing

Inspectors observed there were sufficient staff available in the units to meet residents needs. Rosters showed that staffing levels were consistent, and there was a mix of staff available for each shift, including management, nurses, health care assistants, housekeeping staff and other roles to support the delivery and management of food and laundry services. Movement between the units was being minimised, as staff were allocated to specific sections of each unit, and support staff delivered items to the door of the units.

Staff reported there had been difficult times during the COVID-19 outbreak, but that they had been supported by the management team, and additional staff had been provided through the redeployment of staff from other roles, and the use of agency staff. Staff reported they was a real team spirit with a focus on meeting residents needs.

On the day of the inspection staff were seen to be engaging positively with residents, and knew their needs and preferences well. Some residents were sitting in their rooms, others were engaging with staff in the communal areas, while maintaining social distancing.

Judgment: Compliant

#### Regulation 16: Training and staff development

Records showed a wide range of training had been offered to staff during 2019. For 2020 the training plan had been impacted by COVID-19 and the restrictions in place during the outbreak in the centre.

There was a focus on infection control training, and all staff spoken with confirmed they had received updated training. Records showed all staff had completed the following; hand hygiene training, putting on and taking off personal protective equipment, an on-line infection control course, breaking the chain of infection, and awareness of the signs and symptoms of COVID-19.

Courses completed by selection of staff in 2019 included clinical governance, fitting of hoist slings, food hygiene and allergen awareness, dementia awareness, values in action, and patient safety. The training offered ensured the staff team had updated knowledge in key areas relating to the care and support of residents in the centre.

While fire safety and safeguarding training had been provided in 2019, a number of staff were due to receive refresher training and this had not taken place. Records showed that 50% of staff had not completed refresher training for fire safety in the last 12 months. Records also showed 15 staff had not completed safeguarding training since 2016. This is discussed further under regulation 28.

Judgment: Compliant

## Regulation 23: Governance and management

While there was no person in charge formally notified to the Chief Inspector at the time of the inspection, management structures were in place with regular audits and action plans to drive improvements. Inspectors viewed weekly hand hygiene audits which were carried out during day shifts and at night. An End of Life audit was completed in 2020 with a high level of compliance.

An annual report was completed using feedback from residents, and infection prevention and control was identified as a key performance indicator.

A review of the management of COVID-19 was completed using the template provided. Arrangements that worked well were identified as well as the challenges faced by management and staff. For example in at the beginning of the outbreak cohorting was difficult to organise but now cohorting plans are in place in the event of another outbreak. The designated centre had Covid-19 risk assessments in place and these were recorded in the risk log. The centre had a comprehensive policy for the management of COVID-19. This provided guidance on the prevention of COVID-19, outlined clear roles and responsibilities and provided detailed plans on how to manage an outbreak in the future.

Outbreak Control Team minutes were viewed and there was evidence of the



management team working with Public Health and receiving advice from a consultant at a local hospital, to ensure that the needs of residents were met throughout the outbreak.

The designated centre nominated a senior nurse every day to act as a contact point for staff regarding infection prevention and control queries. Staff reported that this was very helpful particularly when supporting new staff.

Records of staff meetings were found to be up to date and included updates by management on the changing guidance related to COVID -19.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The designated centre had a comprehensive complaints policy which identified the nominated person to deal with complaints. A clear notice was displayed in the foyer explaining how to complain.

Inspectors viewed the complaints logs from two units. These captured both complaints and compliments. They were clearly recorded and complaints were investigated promptly. Residents were consulted during the complaints process. For example when one resident made a complaint the person in charge consulted them about possible solutions and then met with them again to check that the option chosen by the resident had resolved the complaint. Residents said that they would speak to staff if they had any complaints.

Judgment: Compliant

### Quality and safety

Residents were receiving good quality care from staff who knew their care and support needs. The approach in the centre was to provide person centred care, and to support those with dementia to feel settled in their environment. While standards of care were good for residents, some improvements were required in relation to fire safety.

The centre had a challenging time during the COVID-19 pandemic. Residents and staff spoke about the impact the restrictions had on them. Staff noted the impact on residents and their families of not being able to see each other. The provider ensured there were systems in place to keep families updated, and phone calls were continuing at the time of the inspection. Residents reported they were happy that visiting had commenced again, and the provider had put in place arrangements to

ensure each unit had access to a private room to support as many visits as possible in line with the restrictions in place at the time of the inspection.

Inspectors reviewed a sample of residents records and found person centred care plans in place that set out how residents needs were to be met, in line with individual preferences. Nursing staff on each unit were familiar with residents needs, and were monitoring for any changes in residents presentation, and then taking necessary steps to ensure they received appropriate evaluations. There was good access to allied health professionals, such as occupational health and physiotherapy and residents needs were being reviewed by the general practitioner regularly. Residents were observed to be comfortable and receiving attention from the staff team. Those who spoke with inspectors said they felt comfortable. Residents who were not able to communicate for themselves were well presented and were being supported by staff in a sensitive manner.

There were clear management arrangements in place for the oversight of infection prevention and control in the centre, and practice was seen to be in line with national standards. There were clear policies that were available to staff. Policies had been reviewed to incorporate national and international guidance relating to the COVID-19 pandemic. Staff were provided with uniforms, and changing arrangements in each unit to reduce movement through the centre. Staff were seen to follow guidance in relation to the use of personal protective equipment and hand hygiene.

While the usual program of events was not taking place in the large communal area, staff were seen to be engaging with residents in small groups and on a one-to-one basis. All staff spoken with talked about the butterfly approach in the centre, and making each contact with residents meaningful. This was seen to be taking place in practice, with staff talking about residents families and other subjects that were important to them.

The premises were homely and offered different seating areas for residents to spend their time. During the inspection it was noted a number of items were being stored on the landing areas outside of the units. These areas are designed for gathering during evacuation, and should be kept clear.

The provider reported that progress was being made in relation to fire safety issues raised at the last inspection, however, all the issues remained in the centre. Inspectors found areas such as staff training and fire safety drills were not being completed in line with the providers own policies. Records showed that around 50% of staff had not completed fire safety refresher training. Fire drills did not record key information required by the provider to give assurance that residents could be evacuated in a timely way. There were differences between the fire safety plans displayed and the equipment in place, for example the emergency lighting. This is a significant risk that the provider is required to address.

## Regulation 11: Visits

Every effort was made by the registered provider to make sure that residents kept in contact with their families during COVID-19 restrictions. Telephone and video calls were arranged for residents, and staff kept families updated with regular phone calls and text messages. When visiting restrictions were lifted letters and guidance were sent to families to help them to understand the revised arrangements, and prepare to return to the designated centre to see their loved ones.

A visiting policy with guidelines for staff ensured that visiting arrangements were well organised for the benefit of residents and their families. For example each unit arranged four visits per day. Time was allocated for staff to provide infection prevention and control advice, and PPE to visitors and to complete the necessary paperwork. Regular updates in the form of letters and telephone calls were provided to families, as visiting guidance changed.

Each unit had an allocated visiting area on the ground floor with an external entrance, which provided privacy for residents while they met their visitors. Inspectors observed families arriving for visits and residents told inspectors that they were happy to be able to see their families again.

Judgment: Compliant

### Regulation 17: Premises

This regulation was not fully assessed.

Inspectors observed there was insufficient storage space available in the centre. This included:

- storage of a commodes in a sluice room
- storage of water and laundry hampers in areas identified for gathering in the case of a fire evacuation
- items stored on landing areas

This issue had been raised with the provider on previous inspections.

Judgment: Substantially compliant

### Regulation 27: Infection control

The designated centre was clean and inspectors observed staff wearing personal protective equipment appropriately and adhering to good hand hygiene during their time in the centre. COVID-19 signage was displayed in the centre, including room occupancy level signs displayed on doors throughout the designated centre to assist

staff and residents to abide by social distancing rules.

Up to date infection prevention and control policies were in place which incorporated the 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. Staff had also completed up to date infection prevention and control training.

Staff described the process of handling laundry safely, which included the separation of contaminated laundry into alginate bags and then placing these into a separate bag before transferring them to the laundry. Inspectors observed that the laundry trolley was clean and well organised. Inspectors viewed cleaning guidance and cleaning checklists were in place.

Staff in each unit were provided with separate changing and relaxation areas as part of staff cohorting arrangements. The designated centre provided scrubs for staff to use when they were working in the unit. These were laundered within the designated centre to prevent cross contamination from home.

Staff spoken with were clear about the signs and symptoms of COVID-19 and confirmed that testing was arranged promptly where residents presentation changed. There was a policy in place for staff to follow if they noted themselves to have signs and symptoms of COVID-19.

An up to date infection prevention and control policy was in place. Records of ongoing hand hygiene and environmental audits were viewed by inspectors.

Judgment: Compliant

## Regulation 28: Fire precautions

It is acknowledged that the last inspection was in February 2020, with the COVID-19 pandemic commencing in March 2020. This impacted on the provider's ability to progress the issues that required improvement, however inspectors found a number of issues relating to fire safety remained in the centre.

There were arrangements in place to manage the risk of fire in the centre. This included a fire alarm system, emergency lighting, automatic door closers on compartment doors, 60 minute fire doors on compartments and 30 minute fire doors on bedrooms. There was also regular servicing of equipment, and weekly fire drills in the units.

Staff training was provided to staff, however records showed that 50% of staff had not received annual refresher training in 2020.

Staff spoken with were able to give examples of drills they had taken part in their units, and records showed they were carried out regularly. They spoke about the

need to close bedroom windows and doors and they cleared a compartment as set out in the policy. However, inspectors noted the following issues that needed to be addressed, and remained outstanding from the previous inspection:

- a number of fire doors were not closing fully, including kitchenettes
- fire drills lacked information about how long it would take to clear compartments, which meant the provided did not have clear information that an evacuation could be carried out effectively
- bedroom doors did not have automatic door closers, and while the policy was for staff to close doors in the event of a fire, fire drills did not provide sufficient information to confirm doors were being closed.
- there were some flammable items seen in the fire exit routes in the centre

The provider confirmed that they had funding in place to address the issues below, but work had not commenced at the time of the inspection, as so the issues remained:

- fire exit signs provided in the centre did not match those set out on the maps displayed
- some fire plans on display did not direct the reader to the nearest exit
- fire exit signs did not always direct to the nearest exit (for example, out in to the lobby by the lifts)

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a selection of residents records in each of the four units and found the majority of the records were of a high standard. Each resident had an assessment completed on admission. This then lead to the creation of care plans for all identified needs. Care plan were written clearly setting out the specific need, and how that need was to be met. They also reflected residents wishes and preferences, for example preferred morning routines, and preferred meal and drink options.

All care plans were reviewed on a four monthly basis, or more frequently as required.

A number of residents were not able to communicate their needs verbally. There were a range of tools available to support nursing staff in assessing needs using observational methods, for example residents pain levels. There was also a document setting out how different signs of residents 'wellbeing' and 'ill-being' could be observed. Staff spoken with were clear of the importance of regularly engaging with residents to assess their needs through the day.

A COVID-19 care plan had been developed for each resident. The template had a number of tick box options, and each section was supported by text to ensure the

plan reflected the residents preferences and individual needs.

Records showed residents were involved in developing care plans where possible. Families were also involved with residents permission, and provided information to support the development of records that described residents life achievements and experiences.

A sample of 'end of life' care plans and 'palliative care' records were reviewed. They were seen to reflect residents stated preferences, contact details for families, plans in relation to pain management and medication.

Judgment: Compliant

### Regulation 6: Health care

The staff team used a range of nursing assessment tools to monitor residents needs in a range of areas, including nutrition, risk of falls, cognitive ability, and communication skills. Where there were changes identified, appropriate referrals were made to allied healthcare professionals, and the care plans were updated to reflect the changed advice. For example providing pressure relieving equipment for residents at risk of developing pressure sores, or additional support being allocated to those requiring additional support with personal care.

Medical review of residents needs was carried out on a regular basis in the centre. Nursing staff in the units ensured when residents required a review, their needs changed, or they needed advice that a referral was made. Records showed that referrals were responded to in timely manner.

Residents had access to a range of allied healthcare professionals. There was regular contact with physiotherapy, speech and language therapy, and dietitians. Examples seen included referrals being made where resident weight changed significantly, or their ability to swallow food or drink was noted to be changing.

There were multidisciplinary reviews carried out for residents including nursing and medical staff, along with other allied health professionals. These meetings had oversight of any restrictive practices, and ensured the least restrictive options were in place.

Judgment: Compliant

### Regulation 8: Protection

On entering the designated centre a safeguarding statement was on display in the foyer. A comprehensive system was in place for the management of patients'

finances, which allowed patients to have easy access to their money.

Staff told inspectors that they would inform their manager if they had concerns about the abuse of a resident. They said that they would also contact the Health Service Executive (HSE) Safeguarding Team for advice and advocacy services if residents needed assistance.

The designated centre had an up to date safeguarding policy and staff had completed safeguarding training, with refresher courses every three years. Not all staff had completed the refresher training, this is addressed under regulation 16.

Inspectors viewed a recent safeguarding concern which had been managed in accordance with the centres safeguarding policy.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents who spoke with inspectors confirmed they felt well supported in the centre. The designated centre is a large building, split in to a number of smaller units. Each of the units had been decorated and configured to provide an environment that felt homely and had points of interest for people with a range of cognitive abilities. Colour had been used to make areas bright, and decoration had been used to give points of interest and help orientation, such as sports equipment and a range of hats. Sitting rooms had been decorated to feel like a room in a domestic house or a 'parlour'. There were fire places, with mantles containing reminiscence items, and a range of seating including sofa's and comfortable chairs. Residents were seen to be enjoying time in these areas.

There was access to televisions in communal rooms and in bedrooms. There were also radio's, CD players and a range of music and movies available to residents. During the inspection some residents were seen giving a rousing rendition of popular traditional Irish songs. They reported they really enjoyed this. Staff confirmed they did it regularly in that units as it was enjoyed so much.

Staff spoke about activities and engaging with residents as being a part of all engagement through the day. For example staff had received training about making all contact meaningful, using each contact as an opportunity to check in or talk about something meaningful to that person. Staff were seen to be putting this in to practice through the inspection. Staff spoken with confirmed that the approach of the centre is to provide person centred care, and inspectors noted this through the engagements seen between residents and staff, the way records were written.

At the time of the inspection larger activities were not taking place. There were small group activities in the unit's and one to one support for residents. While residents were not attending activities in the large communal room, the provider had made arrangements to have Mass streamed in the units for residents to watch.

Residents had also been able to watch funerals of friends and loved ones using this technology.

There was a residents guide available to all residents setting out relevant information including how to raise concerns or complaints.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Clonskeagh Community Nursing Unit OSV-0000491

Inspection ID: MON-0030422

Date of inspection: 10/09/2020

## 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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>NF30B was completed for HIQA on 01/07/2020 - via registered post &amp; email            NF30A was completed for HIQA on 15/07/2020 - via registered post &amp; email            Amended NF30A was sent to HIQA on 24/07/2020 - via registered post &amp; email</p> <p>CCNU DON interviews were conducted on 06/10/2020. A panel was formed and recruitment process has been initiated.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Permanent Person In Charge recruitment process has commenced.            Interviews were held on 06/ 10/2020 and panel was formed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            Commode storage room is located inside sluice room.</p>	

Commode was moved to the storage room after cleaning.  
Landing Areas were used for drop in by porters due to COVID outbreak Infection Prevention strategy. This has been rectified.  
Fire Exit landings on the end of each corridor are always kept clear of obstructions.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
Plan to recommence fire training has been initiated.  
Fire Doors were immediately fixed by maintenance department.  
A. full fire door inspection has been commissioned and is expected to commence by 05/11/2020.  
Fire Drill Template has been revised incorporating time taken for evacuation behind two fire doors.  
Fire Exit signs and Maps: Work commenced on 08/09/2020 and will take approximately 12 weeks to resolve fire exit signage and maps.

## 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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	30/11/2020
Regulation 14(2)(a)	The person in charge may be the registered provider where the registered provider concerned is a registered medical practitioner who is solely employed in carrying on the business of the designated centre concerned.	Not Compliant	Orange	30/11/2020
Regulation 14(2)(b)	The person in charge may be the registered provider where the registered provider concerned is a registered medical practitioner has not less than 3 years' experience of carrying on the business of a nursing home under the Health Act 2007 .	Not Compliant	Orange	30/11/2020

Regulation 14(3)	Where the registered provider is not the person in charge, the person in charge shall be a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years.	Not Compliant	Orange	30/11/2020
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		30/11/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant		30/11/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant		23/11/2020

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant		30/11/2020
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/12/2020
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2020
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire	Not Compliant	Orange	31/12/2020

	alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	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.	Not Compliant		31/12/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/12/2020