



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

Issued by the Chief Inspector

Name of designated centre:	Glyntown Care Centre
Name of provider:	Zealandia Limited
Address of centre:	Glyntown, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	21 January 2021
Centre ID:	OSV-0004921
Fieldwork ID:	MON-0031095

About the designated centre

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

Glyntown Care Centre is located on an elevated site over the village of Glanmire. It is a 39 bedded purpose-built care facility. The bedroom accommodation is laid out in two single bedrooms (non en-suite), 1 double bedroom (non en-suite), 17 single bedrooms (en-suite), nine double bedrooms (en-suite). Our mission is to create an environment where residents and staff work in partnership to promote individualised quality care in equitable, safe and harmonious environment. Residents will be comprehensively assessed prior to admission to the care centre using the pre-admission assessment document. We will endeavour to accommodate residents requiring the following: general nursing care, respite care, convalescence care, palliative care, and any other care following the comprehensive assessment. All residents admitted to Glyntown Care Centre will be over 18 years of age and can be either male or female. 24 hour nursing care will be provided which is supported by a team of Healthcare Assistants and other support services. Other services available are: hairdresser, chiropodist, physiotherapy, speech and language therapy, etc. Initial admission assessment and short-term care plans will be completed within 24 hours of admission. The residents detailed care plan will be commenced within 48 hours of admission and completed within 2 weeks. We view mealtimes and above all partaking in one's meals, as a very important social event in the daily life of the resident in Glyntown Care Centre. Mealtimes give residents important opportunities to interact. We operate an open visiting policy with Glyntown Care Centre and warmly welcome all visitors, however to protect our residents we ask that all visitors sign in and out on entering and leaving. A comprehensive activity programme is provided 5 days per week by the Activities Coordinator. Outings are held several times during the year, these are facilitated with the An Garda Síochána community buses. A resident committee is in place in Glyntown Care centre. Residents of all religious denominations will be catered for in Glyntown Care Centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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 21 January 2021	09:30hrs to 16:30hrs	Mary O'Mahony	Lead
Thursday 21 January 2021	09:30hrs to 16:30hrs	Abin Joseph	Support

What residents told us and what inspectors observed

Feedback from residents was generally positive. They were found to be knowledgeable about the daily routine and the COVID-19 virus. They were delighted to have got their vaccinations the previous day. While residents spoke about how isolating it was to have no visitors during the pandemic they told inspectors that staff supported them throughout and worked hard to keep them well. Residents were aware that visits were not allowed at present but they were glad of the relaxation of restrictions at Christmas when they had been allowed one visit per week. They spoke about the window visits, the video calls and the phone calls to relatives and friends. On the day of inspection, residents' phones were observed to be charging and visitors were seen to drop items to the centre for residents.

The activity coordinator was present at the time of inspection. This staff member was seen to organise group and individual activities. Interesting sessions were also seen to be organised in the afternoon such as reading out factual items of interest and talking about historical events which the residents had lived through in their youth. A singing session generated great enthusiasm and residents were seen to interact well with staff and with each other. They were heard laughing and joining in the exercises also. Residents were stylish and warmly dressed in keeping with the seasonal weather. A small number of residents attended the dining room for meals and some dined in the sitting room or in their bedrooms, by choice. This was not their usual dining experience but they had adjusted their habits during the pandemic to facilitate social distancing at meal times, according to the person in charge.

Inspectors observed kind and patient interactions during the day. Residents confirmed that the care was very good and that they were satisfied with their accommodation and meals. They told the inspector that the doctor was available whenever they wanted him and that their ailments were treated promptly. They expressed confidence in the staff and they felt that their complaints were addressed. They said that they enjoyed the residents' meetings which supported their choices and wishes. Minutes of these were available. Feedback was provided on any issues which had been actioned prior to the next meeting.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection of Glyntown Care Centre took place to evaluate the preparedness of the centre in the event of an outbreak of COVID-19 and to monitor ongoing compliance with the regulations for the sector.

The was a good centre which had managed the pandemic well during the initial waves. Residents said they felt well cared for and safe due to the constant presence and careful management by the person in charge and her management team. Nonetheless, on this inspection inspectors were not assured of the sustainability of the current management processes and structure in the absence of any senior management team members to support the person in charge. The person in charge assured inspectors that she was expecting a senior staff member to return to the centre in the coming weeks. She had also commenced interviews to fill the post of the assistant director of nursing (ADON) which became vacant before Christmas. Consistency and support within the management team was even more essential at this time of COVID-19. A good management contingency plan in relation to the management of any potential outbreak was required to assure residents, relatives and the Chief Inspector that there would be consistency maintained in staff supervision, clinical care of residents and infection control processes.

The risks which were identified in the centre were of serious concern to inspectors and resulted in the issuing of three urgent action plans to the provider as follows:

- infection control processes: Regulation 27
- staffing: Regulation 15
- governance and management: Regulation 23

At the feedback meeting with the registered provider representative (RPR) and the person in charge following this inspection, good practice was acknowledged by inspectors, such as the obvious positive impact on residents' well being of good medical, nursing and social care. The aforementioned areas of non compliance were highlighted to the management staff for attention and review. These were addressed in the following report under the respective regulations.

In summary:

- the provider was required to respond to the urgent action plans by the specified dates
- complete the annual review of the quality and safety of care for 2019 and 2020
- submit the regulatory notifications for key events

The registered provider representative was required to submit:

- a timely, comprehensive and achievable compliance plan based on the findings of this inspection.
- a complete training matrix and staff roster.

In conclusion, the findings of this inspection were that improved supervision and

oversight was required on the part of the provider of Glyntown Care Centre to ensure full regulatory compliance with standards and regulations for the sector, which set out the requirements for the management of a designated centre and for protecting the care and welfare of residents.

Regulation 14: Persons in charge

The person in charge was experienced and knowledgeable. She was employed full time in the centre. She was dedicated to the care and welfare of residents. They were familiar with her and she was in contact with relatives on a daily basis at present.

Judgment: Compliant

Regulation 15: Staffing

The person in charge said that she intended to employ more nursing staff as it was apparent from the roster that there were not sufficient nurses to allow for the unprecedented demands of any pandemic related isolation or sickness absence.

An urgent action plan was issued in relation to staffing:

Inspectors required assurance that:

- there were sufficient staff on the roster to support two nurse led teams on day and night duty for seven days of the week in the current COVID-19 pandemic .
- the provider was asked to update the contingency plan with staffing arrangements
- the current staffing levels at night required review due to the diverse layout of the centre and the fact that there were currently two residents in isolation for various reasons, requiring additional time for donning and doffing of PPE at each care interaction.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider assured inspectors that staff had completed all mandatory training including fire training and the prevention of elder abuse.

A large number of certificates were available in a file which indicated that a range of training was availed of in relation to COVID-19 risks and hand hygiene.

A number of staff confirmed their attendance.

However, in the absence of a training matrix and easily accessible records inspectors could not verify that each member of staff had been afforded the regulatory and appropriate training: to include training on the use of PPE (personal protective equipment), donning and doffing PPE, hand-washing techniques and recognising the typical and atypical symptoms of COVID 19.

The person in charge undertook to update and submit the training matrix.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors acknowledged the great efforts of staff, residents and relatives through the previous waves of the pandemic. Each group were informed of, and followed the health protection and surveillance centre guidelines (HPSC).

On the day of inspection, inspectors observed that most staff were adhering to infection control guidelines: a number of breaches were seen however which linked back to lack of supervision and follow-up.

An urgent action plan was issued to the provider as follows:

In relation to the requirements of Regulation 23, Governance and Management, the provider was asked to provide assurance to the Chief Inspector that the following issues would be urgently addressed:

- provide assurance that a comprehensive management system would be put in place to ensure that the service provided was safe, consistent and effectively monitored
- that maintenance of this comprehensive management system was part of the contingency planning for COVID-19 to include audit, delegation and supervision.
- ensure experienced senior staff were available, with management experience and qualifications, to manage the centre and supervise staff in the absence of the person in charge
- prepare and submit the regulatory annual review of the quality and safety of care for 2019 and 2020
- that the COVID-19 Management Plan would be updated in compliance with published guidance and specify the management and staffing contingency plan
- that the cohorting of residents formed part of the contingency and follows infection prevention and control guidelines (IPC)

- that staff will be appropriately supervised in the management of residents in isolation and of residents with a known infection
- that there were adequate governance and management arrangements in place for the management and oversight of the centre on a daily basis and that the manager on duty was afforded protected time for management and supervisory duties
- ensure that staff files are maintained as required under Schedule 2 of the regulations.

In conclusion, notwithstanding the good practice described in sections of this report, inspectors found that there were a number of issues outstanding which required urgent management attention to maintain and promote improved practice.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents as set out under Schedule 4, part 7 (1) (a) to (f) of the regulations had been notified to the Chief Inspector by the person in charge, within, three working days of its occurrence; for example, any serious injury to a resident or any unexpected death of a resident

Nevertheless, inspectors found that a key notification had not been submitted in relation to COVID-19. This involved a notification of any suspected or confirmed COVID-19 cases.

This was retrospectively submitted to the Chief Inspector, when brought to the attention of the person in charge by inspectors.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

There were written policies and procedures available as set out in Schedule 5 of the regulations. The registered provider ensured that all these policies and procedures were made available to staff.

All policies and procedures were reviewed at intervals not exceeding three years and, where necessary, they were reviewed and updated in accordance with best practice.

It was evident that all relevant policies required under Schedule 5 were updated and detailed in line COVID-19 guidelines. These updated policies were easily identifiable

with a note on the cover page in relation to the COVID-19 additional information.

For example;

- Infection prevention and control policy
- Visiting Policy
- End of life care policy

Judgment: Compliant

Quality and safety

Resident's well being and welfare was maintained by a good standard of evidence-based care and support. Residents appeared happy with the care, the daily social experience, food and accommodation. They were found to be involved in the development of their care plans and in their health care choices.

However, a number of improvements were required in the area of infection control processes.

An urgent action plan was issued under Regulation 27: Infection Control, the details of which are described under the relevant regulation below.

The health of residents was supported by ongoing medical review and nursing assessment using a range of recognised tools. These assessments included skin integrity, malnutrition, falls, and mobility. Inspectors reviewed a sample of residents' plans of care. They were generally inclusive of the voice and wishes of residents and were based on information and knowledge about their current medical condition. During the inspection inspectors found evidence that plans were implemented and reviewed on a four-monthly basis, reflecting residents' changing needs. Care plans were further addressed under Regulation 5: Care planning.

Appropriate activities were available to meet residents' preferences and choice which took on added importance during the COVID-19 restrictions. Documentation on these was diligently maintained and the records were full of interesting snippets of information. Residents' meetings and surveys were held which provided opportunities for residents to express their opinion and request changes. Minutes of these were seen to be maintained and actions were completed.

A number of systems had been developed to support residents' rights and their safety:

For example:

- audit and review of bed-rail use or other restraints
- audit of the use of psychotropic drugs by the attentive pharmacist:

and documentation recorded when a PRN (give if required) medicine was used explaining the rationale for its use

- external advocacy arrangements were available of which provided external assurance and support for good quality care and ensured people were safe
- meaningful activities based on life stories and residents' personal experiences
- practice on a day-to-day basis was good and residents had benefited from quality improvements based on their comments in the opening section of the report and based on observations during the inspection.

Nevertheless, inspectors found there were a number of issues to be addressed in Quality and Safety, to bring the centre into compliance, particularly in the processes in place for the prevention of infection and the preparedness for the pandemic.

Regulation 10: Communication difficulties

Residents were seen to use mobile phones to talk with family members. Electronic tablets were also available to facilitate video calls. Residents were kept up to date with news from the community by staff and by phone calls to relatives. Residents were updated daily about the virus and they each had a TV in their bedroom. Residents' meetings and information leaflets were available to residents. An external advocacy service was accessible and the complaints process was on display for residents. One resident who called out loudly at intervals had an appropriate and empathetic care plan in place to guide staff on supporting the identified communication needs.

Judgment: Compliant

Regulation 11: Visits

Visits were currently suspended in line with the health protection surveillance centre (HPSC) guidelines. Window visits or visits on compassionate grounds were facilitated. Relevant Health Services Executive (HSE) information notices were displayed at the entrance to the home. This meant that residents were informed of changes to visiting and felt included in decision making.

Judgment: Compliant

Regulation 26: Risk management

The risk register had been maintained and updated in line with the additional risks associated with the COVID-19 pandemic.

This included visitors' protocol, illness from COVID-19 and updated cleaning processes.

Some risks were not included in the risk management policy however, this included the risk of storing excess, broken items of furniture around the grounds or the risk of lack of access to a hand washing facility in a sluice room.

Judgment: Substantially compliant

Regulation 27: Infection control

An urgent action plan was issued by inspectors under this regulation.

As identified and discussed on inspection all aspects of the action plan and recommendations of the IPC inspection of 10/12/20 had not been completed or addressed: these were described in detail in the urgent action plan issued to the provider and are synopsised here along with additional findings on this inspection:

- a yellow clinical waste bin, which was seen to be blocking any access to hand washing facilities in the Beech sluice room all day, had not been moved by the end of the inspection day. Additionally there was no access to the soap dispenser in this room.
- the area of the centre identified by the IPC team as most suitable for isolation purposes, due to the wide corridors, had not been prepared despite there being six empty bedrooms in various sections of the centre. It would be preferable if all the empty rooms were in one area which could then be used for isolation purposes, if necessary
- not all dani-centres (wall-mounted containers for personal protective equipment (PPE)) were fully stocked with PPE
- one shower room was shared by 8 people and was also used by the hairdresser: the shower outlet cover was missing and there was no seat on the toilet; the flooring required replacement as it had been patched: subsequently the surface was not intact to support effective cleaning
- the staff office floor was too small and enclosed to accommodate two staff members as physical distance could not be maintained
- not all staff were aware that there was an infection in the centre: a person had acquired the infection in hospital and returned to the centre early December 2020. There was no signage on the doors in relation to any risk
- not all staff observed social distance at break times or in the narrow hallways
- there was an amount of material which needed to be cleared and removed both from outside around the centre and inside in the stores and sluice rooms
- the large, external, yellow clinical waste bin was required to be securely stored within a suitable enclosure

- storage was an issue, as items of furniture was stored in an empty room: in the event of rooms being required for isolation purposes this had to be addressed
- evidence of legionella testing of the water was required.

Good practice was identified: staff were seen to follow hand-washing guidelines during the inspection. Hand sanitising gel was plentiful. Staff changed into their work uniform following arrival at work and donned a mask before entering the centre. Their uniforms were laundered. All staff had a change of uniform each day. Temperatures were checked on two occasions each day for staff and residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans had been developed for all residents. They were maintained on an electronic system and were updated on a regular basis.

They were generally seen to be person centred and detailed.

In a sample of care plans reviewed a range of clinical assessments tools were used prior to developing the care plan. For example, the malnutrition universal screening tool (MUST) was used to evaluate if a resident was at risk of malnutrition. The result of this assessment was then used to develop a care plan on nutrition if this was indicated. All residents had a COVID-19 risk assessment plan and consent to COVID-19 vaccination on file, which was very good practice. All residents had received their vaccination on the day before the inspection.

However, inspectors found that not all residents had a care plan in place which outlined their end of life wishes. Documentation relating to this aspect of care was stored in a paper file. Staff undertook to transfer relevant aspects of this to the residents' electronic care record for ease of access and to develop an appropriate, related care plan.

Additionally a care plan for the management of a specific infection for one resident was incomplete and had no information to guide practice. The person in charge undertook to ensure this was corrected and a comprehensive management plan put in place to prevent cross infection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were seen to be attended by the general practitioner (GP) on the day of

inspection. The person in charge stated that residents had regular and attentive medical care. Medical notes were seen in the files reviewed. A range of health care professionals had been accessed on behalf of residents to support comprehensive health care. Input was seen in the care plans from consultants, the physiotherapist, the tissue viability nurse (TVN), the dietitian and the speech and language therapist (SALT). The person in charge also stated that resident had eye tests every two years and were supported to avail of dental treatment. A number of referrals and assessments were made by phone or video-link at present, due to the COVID-19 pandemic. Advice following these referrals was recorded and implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff monitored the use of restraint, for example bed rails, to ensure that it was used in line with national policy.

There were a number of residents residing in the centre who had been diagnosed with dementia.

In a sample of care plans reviewed by inspectors comprehensive care plans were in place for the management of the behaviour and psychological symptoms of dementia (BPSD).

Judgment: Compliant

Regulation 8: Protection

It was evident during the inspection that the registered provider took all reasonable measures to protect residents from abuse. The person in charge reported that all staff had training in relation to the detection and prevention of and responses to abuse. Training was further discussed under Regulation 16: Staff Training and Development.

There were adequate arrangements in place to investigate any incident or allegation of abuse. There was a robust policy and procedure available in relation to residents' finances. On the day of inspection the registered provider was found to be pension agent for four residents. There were arrangements in place to protect the residents from any possible financial abuse.

A number of residents spoken with were found to be content and they said they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in activities and recreation. Family contact was maintained through telephone, video calling and letters. It was evident that residents had been consulted about the public health measures in place. Minutes of residents' meetings indicated that staff members were acting on the requests of residents, including improvements on menu planning and activities.

Residents had been surveyed and in response to the survey additional items were added to the programme of activities. External sources had been accessed to provide entertainment. People in the community were described as being very kind, For example: a new projector had been donated to residents which was used to show movies of their choice. Electronic tablets had been gifted to the centre also and entertainers gave of their talent and entertainment freely. Local children had sent in letters and drawings to cheer residents. A number of 'thank you' cards were seen which were very complimentary of the staff and the care available to residents.

Interesting historical conversations were heard by inspectors during the inspection. Residents were heard to contribute information from their experience and personal knowledge. This meant that residents felt that their lives and individuality mattered to staff and their experiences were valued and celebrated.

Mass was available by video link to the local church.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glyntown Care Centre OSV-0004921

Inspection ID: MON-0031095

Date of inspection: 21/01/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: An A/DON, commencing on 22/03/2021 and a staff nurse commencing end of March have been employed to compliment the current nursing staff quota within the center. CNM2 has returned to work from sick leave on 15/02/2021. In the event of an outbreak, an extra nurse would be deployed to night duty from the day duty allocation. A separate day duty roster would be created for the staff in the isolation wing. In the event of an outbreak all annual leave would be cancelled. All full-time staff have indicated their willingness to work extra shifts. All part time staff have indicated their availability to work full time hours. Local agencies have been contacted and will support us if necessary, during an outbreak.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training is an ongoing process within this center regular in-house refresher sessions are provided. All staff are registered with HSELand and complete courses relevant to Older Persons care & Covid19. All mandatory training is up to date i.e., Infection, Prevention & Control, Fire & Safeguarding Vulnerable Adults at Risk. Fire training is scheduled for 27/02/21. All training is recorded on an electronic training matrix. Training certificates are stored in the training folder.</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>An A/DON has been recruited and will commence duty in the center on 22/03/2021. CNM2 has resumed duty (15/02/2021) following a period of sick leave. A senior staff nurse has commenced (09/02/2021) Level 6 Supervisory Management course.</p> <p>A senior HCA has commenced an online supervisory management course Level 6 since early February 2021.</p> <p>The A/DON appointment, CNM2 return to work and current management training will support enhanced staff supervision and delegation ensuring resident care is safe, consistent and effectively monitored.</p> <p>The A/DON and CNM2 will support the Person-in Charge in her managerial role and duties.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All incidents as set out in Schedule 4, part 7(1) (a) to (f) of the regulations will continue to be notified to the Chief Inspector within the appropriate time frame via the HIQA Portal. Any updates will follow if necessary & appropriate.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Risk assessments continue to be completed and entered onto the risk register as the risk is identified and updated as appropriate.</p> <p>The risks identified during inspection have attended to and eliminated – the hand washing facility has un-obstructive access. Staff are aware of the importance of unobstructed access to any hand hygiene facility.</p> <p>The items around the grounds identified by the inspector have been removed by the centers waste collection company.</p>	

<p>Risk management is always discussed at management and staff meetings. The centers COVID19 Contingency & Preparedness Plan has been updated.</p>	
<p>Regulation 27: Infection control</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: All items identified and discussed at the recent inspection in relation to infection, prevention and control have been addressed. Infection, prevention, and control is a daily priority and discussed at hand over meetings with all staff. Updates and in-house refresher sessions in relation to infection prevention and control matters occur regularly in this center. Infection, Prevention and Control is a priority for discussion at all staff and management meetings.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The care plan identified during the inspection which required specific information was updated by the end of the inspection. All care plans are reviewed within 3–4-month period. New care plans are initiated within 48hrs of a change in a resident’s condition /admission of a new resident. Any paper care plan has been scanned to the center’s electronic documentation system.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Red	05/02/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	27/02/2021
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	Not Compliant	Red	12/02/2021

	all areas of care provision.			
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	Red	12/02/2021
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	05/02/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	12/02/2021
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant		12/02/2021

	is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	29/01/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	21/01/2021
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 concerned.	Substantially Compliant	Yellow	21/01/2021

