



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

Issued by the Chief Inspector

Name of designated centre:	Corbally House Nursing Home
Name of provider:	Corbally House Nursing Home Ltd
Address of centre:	Mill Road, Corbally, Limerick
Type of inspection:	Unannounced
Date of inspection:	17 December 2020
Centre ID:	OSV-0005560
Fieldwork ID:	MON-0030460

About the designated centre

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

Corbally House Nursing Home is registered to provide care to 41 residents. It is located on the outskirts of Limerick city in a residential area on the banks of the river Shannon. Private accommodation comprises of 35 single bedrooms and three twin bedrooms, 20 of which have en suite shower, toilet and wash-hand basin facilities provided. Resident accommodation is over two floors with the majority of the residents residing on the ground floor. Stairs and a chair lift provide access between floors.

There is plenty of outdoor space with landscaped gardens located to the front and side of the centre and a secure outdoor courtyard by the front entrance with garden furniture, bird tables and potted plants. There is an internal enclosed winter garden with glass walls and glass ceiling for light and sunshine which was a focal point in the centre and enjoyed by residents and relatives throughout the year.

The centre 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 centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night. The nurses are supported by care, catering, household and managerial staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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How we inspect

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 17 December 2020	12:00hrs to 18:00hrs	Ella Ferriter	Lead
Friday 18 December 2020	07:40hrs to 12:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

There were 38 residents living in Corbally House Nursing Home on the day of inspection. The inspector observed that residents appeared very well cared for. Residents described the staff as very kind, caring and approachable. The inspector observed that the staff treated residents with respect and dignity. The centre was very homely, warm and comfortable. Residents had access to lovely outdoor and indoor gardens.

The inspection took place the week prior to Christmas, and the centre was beautifully decorated, with Christmas trees and fairy lights. Visiting restrictions had been relaxed, in accordance with national policy. The inspector observed that visitors were made feel very welcome by staff and were facilitated to visit their family member in a beautifully decorated conservatory. The inspector had the opportunity to meet numerous visitors during the inspection, they were all very complimentary regarding the dedication and commitment of staff working in the centre and they expressed their satisfaction with the care their relatives were receiving. Visitors were seen adhering to infection control measures put in place to safeguard residents in the centre. There was a designated staff member overseeing visiting, confirming that visitors did not have COVID-19 symptoms, had not been in contact with anyone known to have the virus, and recording temperatures.

Residents spoken with gave positive feedback regarding the food provided to them. The inspector observed that food was well presented, and the dining experience, in the centres main dining room was very positive. Tables were dressed with tablecloths and there was a menu available. Residents confirmed they were given choice regarding their meals. Residents were observed being offered food and snacks throughout the day on both days of inspection.

Many residents commented that they enjoyed their living environment, and their single bedrooms. Rooms were observed to be personalised, and some residents were provided with keys to their bedrooms, at their request. One resident told the inspector that she liked being able to lock the door of her room when she left. The inspector observed that the majority of residents living in the centre sat in one of the communal rooms, for the day. However, there were minimal social activities observed to be taking place on both the days of inspection. Television and music was played, however, activities did not begin until two o'clock and were found to be limited. Some residents spoken with told the inspector they found the days long. A game of bingo was observed on day two of the inspection, however, some of the eleven residents that were taking part required assistance of staff to partake, but this was not considered.

Residents were facilitated to social distance as per the national guidelines. Staff were seen to support residents to do this, and assist them with hand sanitising. Some residents told the inspector that they missed their families and missed going

for days out. They looked forward to COVID-19 being over and life getting back to normal.

Capacity and capability

This was a two day unannounced inspection, which was conducted in order to monitor compliance with the regulations. The last inspection of this centre had been in October 2019, which identified eight regulations as non complaint. Following this inspection the registered provider representative of Corbally Nursing Home Ltd, attended a meeting in the office of the Chief Inspector, and conveyed how the provider would address the regulatory non compliance's identified, and presented a compliance plan. The Chief Inspector had placed two conditions on the registration of this centre. The first stated that the provider shall address the regulatory non compliance as outlined in the compliance plan dated 25 November 2019, to the satisfaction of the Office of the Chief Inspector no later than 01 March 2020. The second condition was in relation to the provision of an additional shower on the ground floor, to be installed by October 2019.

The inspector reviewed the actions from the previous inspection, and found that some improvements had been made in relation to the premises, staffing, training and staff development and food and nutrition. However, further actions were required in record keeping, the provision of activities, fire precautions and infection control, to ensure that the service provided is safe, of good quality and appropriate to the needs of the residents.

The registered provider of this centre is Corbally House Nursing Home Ltd. There was a clearly defined management structure in place, with clear lines of authority and accountability. Care is directed through the person in charge who reports to a the registered provider representative, who is on site Monday to Friday. From a clinical perspective the person in charge is supported by an Assistant Director of Nursing, a Clinical Nurse Manager and a team of nurses, healthcare assistants, catering and household staff.

Issues pertaining to staffing identified on the previous inspection had been addressed by the registered provider. This included enhanced staffing levels in the evening and ensuring that there was appropriate levels of staff allocated to supervise care, in communal rooms. There was an adequate number of nursing staff and care staff on the day of inspection, however, there was insufficient staff allocated to activities. Staff engaged in a safety pause during the day, and at each change of shift, which focused on communicating residents care needs as well as providing updates in relation to COVID-19 guidelines and infection control.

Staff were appropriately supervised, and there was a comprehensive induction programme for new staff. Improvements were required in relation to record keeping, specifically staff files. Mandatory training was provided for all staff in safeguarding, manual handling, responsive behaviours. Fire training had expired for

all staff, and was scheduled for January 2021. Additional training had been provided to all staff in response to the global pandemic.

The provider had formulated a COVID-19 contingency plan, and to date the centre had remained COVID-19 free. In response to the pandemic and the risk of transmission of infection between residents, the registered provider had reduced the four double occupancy bedrooms to single occupancy. The inspector found that improvements were required in ensuring that the contingency plan clearly set out plans for cohorting residents, should they test positive for the virus and also details the contingency arrangements for staffing should a number of staff be required to self-isolate. Staff were monitored for signs and symptoms of COVID-19, through temperature checks and the completion of a COVID-19 related health questionnaire. Staff hand-over meetings at change of shift provided a forum for staff to discuss Health Protection and Surveillance Centre (HPSC) guidance updates, along with discussion on residents' care needs.

The Chief Inspector had also received unsolicited information of concern in relation to the centre, since the previous inspection. Issues of concern included the governance of the centre, infection control practices within the centre, and lack of activities for residents. These areas were reviewed during the inspection, and are discussed and actioned under the relevant outcomes of governance and management, infection control and residents rights.

Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that an effective complaints procedure was in place. The complaints log demonstrated that formal complaints were recorded in line with the regulations. Incidents occurring at the centre were also appropriately recorded by staff and reviewed by the person in charge. However, the inspector found that two incidents relating to residents transfer to hospital, had not been reported to the Chief Inspector, as required by the regulations.

In summary, on this inspection it was found that some efforts had been made to address deficits identified on the previous inspection, however, some issues remained outstanding and required to be addressed by the registered provider. Improvements were required to ensure appropriate infection control measures are in place, effective fire precautions are adhered to, staff records are maintained in the centre and residents are provided with adequate opportunity to participate in activities.

Regulation 14: Persons in charge

There was a full time person in charge employed in the centre that had the qualifications and experience required by the regulations. She was well supported in her role by the Registered Provider Representative. She demonstrated good knowledge regarding her role and responsibility and was articulate regarding governance and management of the service.

Judgment: Compliant

Regulation 15: Staffing

Improvements in staffing levels in the evening and in the communal rooms to supervise residents was acknowledged since the previous inspection. From review of the roster, speaking with staff and with residents it was evident that the staff compliment and skill-mix, was adequate to meet the physical care needs of the 38 residents on the day of inspection. Residents and visitors spoke very positively about staff reporting they were kind, caring and respectful. The person in charge supervised care delivery Monday to Friday and supported the team. There was, however, insufficient numbers of staff to meet the social care needs of residents for example, thorough the provision of activities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Some improvements were noted by the inspector in staff training since the previous inspection. A comprehensive training matrix was made available to the inspector and demonstrated up to date training for all staff in safeguarding, management of behaviors that challenge and manual handling. However, fire training had expired for all staff working in the centre since October 2019. The inspector was informed that the two month delay in training was due to the COVID-19 pandemic. There was evidence that training was scheduled for January 2021. In relation to the risks presented by the COVID-19 pandemic appropriate training had been provided in infection control, application of PPE, the signs and the signs and symptoms of COVID-19.

Staff were appropriately supervised, and there was evidence of an induction programmes for new staff. However, although there was documentation regarding staff appraisals, these were being completed by staff whereby they self assessed themselves, and there was not evidence that management were involved in this appraisal process. .

Judgment: Substantially compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the

inspector. However, as found on the previous inspection significant improvements were required in ensuring staff files complied with Schedule 2 of the regulations. The inspector found that some staff files did not include written references, a full employment history and documentary evidence of relevant qualifications. Garda vetting was in place for all staff, and the management team assured the inspector that no staff member commenced employment without this in place. Fire records were also found not to be maintained effectively.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified clear lines of authority and accountability and specified roles and responsibilities for all care provision. There was evidence of some improvements in the premises since the previous inspection. The registered provider had also invested resources in the development of a COVID-19 contingency plan and enhanced training for staff in response to the global pandemic. This was discussed on the inspection and it was acknowledged that it required updating, to include staffing arrangements and zoning arrangements in the event of an outbreak.

Although there was an annual review compiled for 2019, it did not consider the views of residents or their families as required by the regulations. An auditing system was in place to monitor the quality and safety of care delivered to residents. The person in charge was monitoring antibiotic usage, restraint, wounds, and residents requiring mobility aids on a weekly basis, this information was available to staff, and discussed at daily handovers. However, it was found that results obtained from audits in areas such as falls prevention, nutrition and incidents were not being used to drive quality improvement within the centre, and actions plans were not formulated. There was also no formalised system of disseminating and communicating findings of these audits to staff. It was evident from findings on this inspection that increased oversight was required by the management team in relation to:

- fire precautions.
- ensuring an adequate social programme for residents.
- infection control practices.
- ensuring staff records were maintained effectively to include all the requirements as per Schedule 2 of the regulations.
- effective monitoring of the service.
- the COVID-19 contingency plan did not demonstrate adequate preparedness for a potential outbreak of COVID-19 pertaining to zoning and staffing.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. Overall the majority of notifications were submitted to the Chief Inspector as required by the regulations. Two incidents regarding residents requiring transfer to hospital, had not been submitted as required. These were subsequently submitted by the person in charge on the day of inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The person in charge was the designated person to deal with complaints. Records indicated that complaints were investigated appropriately, and the satisfaction or otherwise of the complainant was recorded. A summary of the complaints procedure was displayed prominently at the centre's reception area. Residents had access to an appeal process in accordance with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies were in place and reviewed within the three year time frame set out in Regulations. New policies were updated to guide staff in the event of an outbreak of COVID-19.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Corbally House Nursing Home, which was respectful of their wishes and choices. The inspector observed that residents appeared to be very well cared for and residents spoken with by inspector gave positive feedback on life in the centre. The health and nursing care need of residents living in the centre were met to a very good standard. However, as found on the previous inspection, improvements were required in relation to the provision of meaningful activities for residents, and

in addressing their social care needs. The inspector also found that increased oversight of fire precautions and infection control practices were required.

The inspector acknowledged that the COVID-19 pandemic had been challenging for residents, staff and their families. Residents spoken with were happy that visiting had recommenced, stated that they had missed their families and found the year difficult. Visiting to the centre was being monitored by staff appropriately, and was on an appointment basis. Staff demonstrated a commitment to facilitating visiting seven days per week, including evening visiting.

The design and layout of the centre was suitable for its stated purpose, and met residents' individual and collective needs in a comfortable and homely way. There is good access to comfortable communal space throughout the centre which included a library, indoor garden/conservatory, sitting rooms and a prayer room. This allowed residents to maintain social distancing while in the various rooms. The registered provider had installed an additional shower for residents, since the previous inspection. However, some additional painting and flooring required to be addressed, as well as the layout of the laundry facilities.

Residents had access to appropriate medical and allied health services. There was evidence of regular medical reviews and referrals to specialist services as required. The centre employed a physiotherapist, providing a service to residents for approximately two hours each week. Residents also had access to an occupational therapist that visited the centre on a monthly basis. Other services available included, speech and language therapy, dietetics, chiropody, psychiatry of old age and tissue viability. Residents nutritional status was closely monitored in the centre. Overall, care plans were found to be comprehensive and detailed enough to guide care deliver. There was evidence of a comprehensive nursing assessment on admission, involving a variety of scientifically validated tools. Some end of life care plans were acknowledged to require review and updating to reflect the preferences of residents.

Although the healthcare needs of residents were met to a very good standard the social care needs of residents did not receive adequate attention to ensure that they were adequately stimulated and had variety to their day. This was also a finding on the previous inspection. The activities programme was reviewed and was found to be very limited. The inspector observed that residents spent a considerable amount of time with minimal stimulating activity. There were one member of staff allocated to activities for two hours each day.

Significant improvements were required in relation to infection prevention and control. Adequate measures were in place for monitoring residents for signs and symptoms of COVID-19, which included recording residents' temperatures twice daily. Staff temperatures were also being recorded as recommended twice daily. The inspector observed that although there was good compliance with hand hygiene guidance, there was not always good compliance with the appropriate wearing of face masks. Staff did not always adhere to physical distancing measures, which increased the risk of a large number of staff requiring to self-isolate, should one member of staff test positive for the virus. The cleaning regime of the centre also

required review, as well as the cleaning of equipment and the layout of the laundry. Similar to findings on the previous inspection, deficits were found regarding fire precautions including the evacuation of a compartment, fire training and the quarterly servicing of emergency lighting,. The registered provider addressed these issues following the inspection.

Regulation 11: Visits

The centre normally operates an open visiting policy but due to the COVID-19 pandemic visiting was now controlled. In line with the HPSC guidance, visiting had recommenced and was taking place on an appointment basis. The registered provider representative, the person in charge and team of staff working in the centre, were very dedicated to ensuring that resident and their families were facilitated to visit, seven days per week.

Visitors the inspector met were extremely complementary about the kindness of staff, and informed the inspector that they were always encouraged and facilitated by staff to visit their family. Visiting was taking place in an internal garden area, that had a perspex roof. There were dedicated staff responsible for visiting, which included a risk assessment of each visitor, and adherence to a cleaning regime post each visit.

Judgment: Compliant

Regulation 17: Premises

The premises was homely and comfortable. The registered provider had addressed some of the issues pertaining to the premises, since the previous inspection. An additional shower had been constructed, as agreed in the compliance plan. However, some bedrooms still required paining and some flooring required replacement. The RPR informed the inspector that arrangements were in place to have this work completed in early 2021, and the delay was a result of the COVID-19 pandemic. The layout of the laundry had also not been addressed, and there was no segregation of clean and dirty laundry.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified

consistency diets and these needs were provided as recommended. The daily menu was displayed and choice was available at every meal. Residents spoken with were complimentary regarding the quality and choice of food. Improvements were acknowledged regarding the restructuring of evening mealtimes since the previous inspection. Residents were facilitated to social distance during meals as per national recommendations. Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was evidence of regular review of residents' by a dietitian, and timely intervention from speech and language therapy when required.

Judgment: Compliant

Regulation 27: Infection control

All staff had received training on infection control procedures. Temperatures of staff and residents were being recorded and monitored as recommended. A system had been put in place in response to COVID- 19, for daily cleaning of frequently touched surfaces. There was also a staff member assigned to do a daily audit, which covered areas such as compliance with social distancing, isolation, mask usage and hand hygiene. Findings of this daily collection of data was communicated to staff at shift handover. However, the inspector found that improvements were required regarding infection control practices within the centre as it was found:

- Breaches of PPE by staff observed during the inspection including staff not always social distancing and masks removed in some instances.
- Poor cleaning regime of the centre. A single use cleaning system was not in place for each bedroom, therefore increasing the risk of transmission of infection from one room to another.
- Poor monitoring of deep cleaning of bedrooms.
- Consideration had not been given to rostering staff in teams to minimise the number of close contacts should one member of staff test positive.
- There was no clear plan in place for cohorting residents should an outbreak occur.
- Some equipment was observed to be visibly not clean.
- Laundry room was cluttered and visibly not clean in some areas.

Judgment: Not compliant

Regulation 28: Fire precautions

Immediate action had been required to meet compliance with fire precautions following the previous inspection, and the inspector found again that fire

precautions in the centre required to be addressed, in particular:

- The emergency lighting was not being serviced three monthly as per the regulations.
- Fire evacuations of a compartment was not taking place in the centre.
- Fire training for all staff had expired two months previously.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were found in medication management since the previous inspection. Medications that required crushing were now prescribed appropriately. Registered nurses spoken with were knowledgeable regarding medication management, and had received updated training. Prescriptions were clearly written and signed. The general practitioner reviewed medicines on a weekly basis or in another case, three monthly. Psychotropic medications were being monitored effectively. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were generally personalised and sufficiently detailed to direct care. Assessments were completed using a range of validated tools to assess the risk of falls, malnutrition, dependency and skin integrity. These were updated three monthly, as per the centres policy. The centre was planning a transition to electronic care planning in 2021. End of life care plans required updating for some residents, to reflect their current wishes and preferences. This was acknowledged by the person in charge on the day of inspection.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of the residents were reviewed and it was evident that they had they had access to a range of healthcare services. There was access to a general practitioner (GP) seven days per week and an out of hours service if required at night. There was evidence of regular review by the GP and review of

medications by the pharmacy.

There was access to a physiotherapy service weekly in the centre, and an occupational therapy service monthly. There was access to local palliative care services and a local geriatrician. Appropriate referrals were made to the Speech and Language Therapist and the dietitian. Residents weights were being monitored appropriately, and there was a low incidence of pressure ulcer development in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents meetings took place in the centre monthly and on average 30% of residents living in the centre attended. There was evidence that the person in charge followed up on issues as they arose. The inspector reviewed the activities schedule for the previous month, and observed activities taking place on the two days of inspection. As found on the previous inspection, there were insufficient occupational and recreational activities available for residents. The inspector was informed that residents only wanted activities between 14:00-16:00 hrs, however, there was no evidence of consultation with residents regarding this. With exception of a game of bingo, the inspector observed residents sitting in communal rooms with television and music playing in the background.

Judgment: Not 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Corbally House Nursing Home OSV-0005560

Inspection ID: MON-0030460

Date of inspection: 18/12/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Personalized activity programme with residents operational mon to Sat. start. 10.30am throughout the day, Supported by staff and coordinated by activities coordinator. All games and activity equipment is now updated due to infection control (easy wipe and clean) and residents ability to read, handle and use generally.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Staff appraisals done for all staff • CHNH ensure that all staff are updating education and training on a regular basis • Fire training is being carried out over January and February 2021 	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staff at CHNH require written references, employment history, Vetting and certs... all staff files are now updated and include these documents. New Fire Officer now in situ and has taken on all aspects of fire safety under supervision	

from registered provider	
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>Contingency plan is an ongoing process and is updated regularly including Zoning of staff to offset any issues that may arise should an outbreak of an infectious disease happen. Views of residents and visitors in the ongoing operations of CHNH are very important to us, and any suggestion that can improve the stay and experience of a resident shall be listened to.</p> <p>Audits that show we can improve in all areas, are being used to drive quality and care within CHNH. All finding are and will be discussed with staff to further improve quality care</p> <p>Infection control has always been important and is even more so recently. CHNH has now overhauled our Infection Control process to meet current practices and procedures. A full infection Control Audit was done and is now in place to reflect current climate of Covid 19.</p> <p>Staff records are updated.</p> <p>We take on board what residents want in regards to activities and social programs</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>Staff were reminded that all incidents that require reporting to HIQA must be done on HIQA portal.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Laundry timetables and layout has changed to reflect infection control policy of CHNH. Painting of rooms and floor covers are a priority once Current restriction are lifted.</p>	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Reiterate to all staff that the proper use of PPE is a requirement and lack of adherence will not be tolerated. • Single use of flat mops per room now practice. • Deep cleaning each room, minimum twice a month. • Staff zoning now practice. • Double rooms are and have been single use only since March 2020. • Rooms 20/21 isolate for use as covid 19 outbreak isolation. 4 residents • Rooms 25-29 isolate for use for more than 4 residents 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Emergency lights are tested weekly and serviced twice yearly. • Compartment Evac. Is a part of fire drill and is done regularly in different compartments over the year. • Latest Fire training: Feb 2021 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>To ensure residents EOL (End Of Life) care needs are identified and assessed, DON updated residents advanced care plan/EOL according to their current wishes and preferences.</p> <p>DON discussed and assisted the residents and family members or friends designated by resident, to be involved in decisions about their care which is dated and recorded in EOL care plan</p>	

Summary of same written in residents care plan. All residents advanced care plan written in page for easy access.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents are always listened to and their views are vital in the smooth running of CHNH we discuss and come up with ideas that can enhance their stay here.

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.	Substantially Compliant	Yellow	01/01/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/01/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/01/2021
Regulation 21(1)	The registered	Not Compliant	Yellow	01/01/2021

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
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	Orange	01/01/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Yellow	01/01/2021
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	Orange	01/01/2021
Regulation 28(1)(c)(iii)	The registered provider shall make adequate	Not Compliant	Orange	01/01/2021

	arrangements for testing fire equipment.			
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 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.	Not Compliant	Orange	01/01/2021
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	Orange	01/01/2021
Regulation 31(1)	Where an incident	Substantially	Yellow	01/01/2021

	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.	Compliant		
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/01/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	01/01/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	01/01/2021