



**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:	Ennis Road Care Facility
Name of provider:	Beech Lodge Care Facility Limited
Address of centre:	Ennis Road via Limerick, Clare
Type of inspection:	Unannounced
Date of inspection:	07 September 2020
Centre ID:	OSV-0005768
Fieldwork ID:	MON-0030230

## About the designated centre

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

Ennis Road Care Facility is a designated centre located on the outskirts of Limerick city on the old Ennis Road. It is registered to accommodate a maximum of 84 residents. It is a purpose-built single storey facility, where bedroom accommodation comprises 54 single and 15 twin rooms, all with en-suite facilities of shower, toilet and hand-wash basin. Additional toilet facilities are available throughout the centre. Communal areas comprise a spacious dining room, a large garden room (day room), activities room, smoking room, and oratory. Main reception is an expansive space with a grande piano, fire place, and lots of seating hubs; off the main reception is the hairdressers salon and an area to be developed into a coffee dock. There are additional comfortable seating areas off the activities room. Residents have access to two enclosed gardens with walkways, seating and raised flower beds. Ennis Road Care Facility provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

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

Number of residents on the date of inspection:	44
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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
Monday 7 September 2020	09:45hrs to 19:00hrs	Breeda Desmond	Lead
Monday 7 September 2020	09:45hrs to 19:00hrs	John Greaney	Support

## What residents told us and what inspectors observed

Residents who spoke with inspectors spoke positively about the service they received. They confirmed that they were aware of the complaints procedure and said they would express any dissatisfaction or concerns they had to the person in charge.

The inspector observed that the activities programme facilitated in the garden day room was fun and energising and residents were encouraged in a respectful way to participate. The activities person actively engaged with residents in a social and fun manner. While it was reported to the inspectors that the activities co-ordinator facilitated one-to-one activation with residents in their bedrooms from 09:15 - 10:00hrs, there was no other activation observed throughout the remainder of the day for residents in their bedrooms.

Meals were pleasantly presented and residents gave positive feedback regarding their food and mealtime experiences and reported there was an improvement in their dining experience. Menus were displayed on a large white notice board on entering the dining room. Tables were dressed with table clothes, napkins and condiments, prior to residents coming to the dining room. Residents were observed coming to the dining room throughout the morning for their breakfast; they were welcomed by staff and served in a pleasant manner. Lunch and tea time was observed and residents were assisted in a respectful manner.

## Capacity and capability

Ennis Road Care Facility (ERCF) was a nursing home owned and operated by Beech Lodge Care Facility Ltd. Beech Lodge Care Facility Ltd was the registered provider of two nursing homes, located 40kms apart.

This was an unannounced risk-based inspection undertaken to follow up on the poor inspection findings in February, May and July 2020, all of which had identified issues with the governance and management of the service. Following the last inspection in July 2020, the provider advised the Chief Inspector that they planned to establish a new board of directors to enhance the governance structure of the company. However, at the time of this inspection, this enhanced structure was not in place.

On the day of this unannounced inspection the registered provider representative (RPR) (the person identified by the registered provider to represent the company) was present in the nursing home and staff told inspectors that this was a weekly occurrence. In order to ensure better oversight of the service, weekly meetings were convened in the centre where the RPR, person in charge and the clinical nurse

manager 2 (CNM) discussed set agenda items relating to clinical, non-clinical, staffing and complaints. The person in charge submitted a report to the RPR each Monday evening and these were then discussed at the weekly meeting on Tuesday mornings with actions agreed and issues followed up on subsequent meetings. This was an improvement from the findings of the previous inspection.

The provider had recruited a new employee to fill the role of person in charge, and this employee had commenced employment for ERCF on 10 August 2020. Inspectors were advised that she took up the post of person in charge on 24 August 2020. The previous person in charge, seconded from Beech Lodge Care Facility and reflected in the register maintained by the Chief Inspector, was mentoring and supporting the new employee into her role and was on-site on the day of inspection.

The registration regulations require a registered provider to 'give notice to the chief inspector, in writing, of any intended change in the identity of the person in charge, within 10 days of this occurring, and to supply full and satisfactory information in regards to the matters set out in Schedule 2 of the regulations. The registered provider failed to comply with this regulation (notification was not submitted until the 28 August 2020 and associated documentation was not submitted until 07 September). Furthermore, the submitted documents failed to demonstrate that the proposed person in charge had the necessary experience or post registration management qualification as detailed in the regulations.

Previously, it was identified that the service was under-resourced in the context of staff directly employed by the centre to ensure the safe, consistent and appropriate care of residents. During the inspection July 2020, the provider had committed to submitting a proposed staff strategy for the nursing home to reflect the staffing requirements for 45 and 84 residents, however, this had not been submitted. Despite several requests for this strategy during the course of the inspection the inspectors were not furnished with this document.

On this inspection, inspectors found that additional staff were recruited and the service was no longer reliant on the Health Services Executive (HSE) to staff the centre. However, it was a concern that 20% of the nursing staff working in the centre were agency staff and not employed by the centre. Such a level of reliance on agency staff had implications for the sustainability of a service.

On a positive note the staff complement for health care assistants was adequate for the current resident numbers accommodated (45). A CNM 1 was recruited and was due to take up post in September. An administration staff was responsible for the overhaul of the systems for creating, storing and accessing records; she now had an assigned room with storage and had made progress in the maintenance programme for records to be in line with regulatory requirements.

The previous person in charge had completed the undertakings agreed to implement the infection control protocols in line with the Health Protection Surveillance Centre (HPSC), for example, the smooth running and strict adherence to HPSC guidance regarding the cohorting of residents admitted to the centre and the management of the cohort wing. The centre continued to be in contact with public health regarding

transfers back into the centre following admission to an acute care facility. Construction of additional nurses' stations were completed and were seen to be operational during the inspection. Refurbishment of sluicing facilities and storage rooms was in progress and confirmation receipts were in place for the replacement bedpan washer, which was due to be delivered 15 September 2020. Additional storage and staff toilet facilities were being refurbished at the time of inspection.

The inspectors acknowledged the efforts made by the registered provider to strengthen the governance and management of the centre including the recruitment and appointment of a nurse management team and 33 new staff. However, as many of these appointments were recent, opportunity for consolidation of the new management and staff team was necessary to embed the changes required to enhance the safety and welfare of residents and to safeguard all residents.

#### Registration Regulation 6: Changes to information supplied for registration purposes

There was a new person recruited to the position of person in charge and she had taken up the post 10 August 2020, and worked from home until 24 August 2020, when she commenced work on-site in the centre. Statutory notification to the Chief Inspection in accordance with the registration regulations required that the registered provider to 'give notice to the chief inspector, in writing, of any intended change in the identity of the person in charge, within 10 days of this occurring, and to supply full and satisfactory information in regards to the matters set out in Schedule 2 of the regulations. This notification was submitted late on 28 August, with a further delay in submitting the documentation relating to Schedule 2, on 7 September 2020.

Judgment: Not compliant

#### Regulation 14: Persons in charge

The person in charge was newly appointed to post. She was a registered nurse with the Nursing and Midwifery Board of Ireland. However, at the time of inspection, the provider had failed to demonstrate that the new person in charge had the necessary experience as described in the regulations of 'not less than 3 years' experience nursing older persons within the previous 6 years; or a post registration management qualification in health or a related field.

Judgment: Not compliant

#### Regulation 15: Staffing

Since the last inspection in July 2020, the registered provider had successfully recruited a CNM2 and CNM1, four registered nurses, one healthcare assistant, an administration staff and one activities person. At the time of the inspection, the provider was actively replacing vacant staff positions and five additional nurses were due to commence later in September 2020.

While there were adequate care staff on the day of inspection to meet the assessed needs of residents, the centre was still reliant on agency staff for 20% of required nursing staff to care for 45 residents. In addition, the centre did not have enough staff to ensure the safe, consistent and appropriate care for the registered number of residents (84).

There were inadequate activities staff to ensure residents had facilities for occupation and recreation, and opportunities to participate in activities in accordance with their interests and capabilities.

Judgment: Not compliant

### Regulation 16: Training and staff development

The training matrix was reviewed and mandatory and other training was up-to-date, including infection control, donning and doffing PPE, breaking the chain of infection, clean-pass, legal documentation, end-of-life care, nursing matters as well as fire safety, manual handling, and safeguarding.

As most of the staff had been recently recruited, a programme of staff supervision was required to be assured that all staff adhered to best practice guidance and policy implementation.

Judgment: Substantially compliant

### Regulation 21: Records

Since the inspection in July, responsibility for the overhaul of the systems for creating, storing and accessing records was assigned to a designated person; she now had a designated room with storage and had made progress in the maintenance programme for records to be structured in line with regulatory requirements.

Remote access was granted to GPs to enable them access residents' care notes off site to contemporaneously update their records. Residents' records reviewed showed that medical records were now recorded in the appropriate medical notes rather than in the nurses notes or in the daily nursing narrative; this meant that residents'



medical records could be easily seen and tacked and provide up-to-date information to visiting GPs as well as out-of-hours medical services, enabling better outcomes for residents. While GPs had their own access code to input their records while on site, this was not routinely used, instead, the nurse's code was used, consequently, doctors' records were electronically recorded under the nurse's signature rather than the GP.

A sample of staff files were examined and these were comprehensive and showed that the requirements listed in Schedule 2 of the regulations were in place including vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, and professional references.

As identified on the previous inspection, a computer was left unattended with residents' information open and freely accessible to passers-by, so confidentiality of information was not assured.

While there was pre-printed medication charts from the dispensing pharmacy, some prescriptions had not been signed by the relevant prescriber in line with professional guidelines.

Judgment: Substantially compliant

### Regulation 23: Governance and management

A new person in charge was appointed, however, the registered provider had not ensured that the person appointed had the necessary experience and qualifications as required in the regulations.

Notwithstanding the appointment of a new CNM2 and CNM1, there continued to be an over-reliance on the interim person in charge to ensure the service provided was safe, appropriate, consistent and effectively monitored. While the interim person in charge had introduced several initiatives as part of a quality improvement programme, the supports to enable a robust system to be established and maintained were inadequate.

A programme of planned weekly and monthly audits were not adhered with:

- monthly medication management audit had not been completed since 30 June 2020
- just one care delivery audit was undertaken with one staff member since the inspection in July 2020
- the analysis and recommendations following wound care audits were identical following each audit, consequently, it could not be assured that the audit process was informing quality improvement or whether there was actual analysis of these audit findings.

The registered provider had failed to ensure that there were sufficient staffing

resources available to provide care in line with the statement of purpose. Although registered for 84 residents, the provider was reliant on agency nurses to ensure that there were sufficient numbers of nurses available to care for 45 residents, 24 hours a day, seven days a week. In addition the provider did not have a strategy in place to inform the recruitment and retention of the required numbers of staff for 84 residents.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The draft statement of purpose, updated on inspection, did not include:

- deputising arrangements when the person in charge was absent from the centre
- current conditions of registration
- accurate whole time equivalent staff numbers
- meal times (did not reflect the actual meal times residents received their meals).

Judgment: Not compliant

### Regulation 34: Complaints procedure

Residents relayed that they could raise issues with the person in charge and she would address them immediately. An easy-read complaints procedure was available as part of resident information displayed throughout the centre. The complaints procedure was displayed in the reception area but had limited information on the person who had responsibility for managing complaints in the centre, the response timescales, and the appeals procedure. An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed, however, this information did not form part of their recourse within the complaints procedure.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Dates on the policies and procedures indicated that policies and procedures were reviewed and updated since the inspection in July 2020, nonetheless, the

complaints policy examined did not have the necessary requirements as listed in regulation 34.

Judgment: Substantially compliant

## Quality and safety

In an urgent compliance plan submitted following the May inspection the provider reported that an independent external company would undertake monthly infection control audits generating an action plan for the centre to follow, however, to date, this had not happened. New cleaning templates and regimes were introduced by the previous person in charge, for areas such as cleaning, deep cleaning and curtains as part of quality infection control practice and audit, however, these were not embedded in practice with one audit completed 01/09/20.

Residents spoken with gave positive feedback to inspectors and reported improvements in life in the centre. Inspectors observed improvements in the dining experience of residents whereby staff actively and socially engaged with residents in the dining room; there were no delays being served when residents came for their meals. Group activities programme was observed in the garden day room during the inspection and was seen to be engaging and fun; the registered provider informed inspectors that the activities co-ordinator visited residents in their bedrooms from 09:00 - 10:00hrs and then went to the garden day room and facilitated group activity programme. While an activities person was recruited, not all residents were facilitated to participate in meaningful activities in accordance with their interests, ability and capacity.

The incumbent person in charge had attended a residents' meeting to introduce herself and displayed her resumé for people to view. A weekly centre newsletter was introduced to inform residents of the news in the centre. The residents' information guide was easily accessible and displayed in each bedroom, however, the information available was out of date as the person identified as the person in charge had left post in December 2019.

Visiting was observed and this was facilitated in line with the HPSC guidelines. An additional visiting area was being developed at the time of inspection to enable additional scheduled visiting; this included a separate entrance with a visiting area alongside the entrance to minimise walk-through' of the centre. Visiting residents in their bedrooms was facilitated for those residents whose condition required.

Speech and language, dietician, chiropody and hairdresser services had recommenced since the last inspection. A locum GP visited the centre twice a week to review residents and then liaised with their GPs. The registered provider reported that it was hoped that the GP services would be consolidated to ensure a robust medical service enabling best outcomes for residents.

Controlled drugs records and medication fridge records were maintained in accordance with An Bord Altranais agus Cnaimhseachais professional guidance. Drug administration records examined were comprehensive. There was a stock of antibiotic medications as part of the COVID-19 preparedness plan, however, many of these medications were out-of-date and had not been returned to the pharmacy. While there was pre-printed medication charts from the dispensing pharmacy, some prescriptions had not been signed by the relevant prescriber in line with professional guidelines.

The inspectors were shown the new emergency floor plans with escape routes and points of reference identified, however, these were not consistently displayed throughout the centre to enable a safe evacuation if required. Fire certification was in place for annual and quarterly fire safety inspections. Fire training was up-to-date, however, fire drill/evacuation records did not include the necessary detail to provide assurances that evacuations could be completed in a timely fashion; records did not routinely include the number of staff attending; the actions taken or the lessons learned to ensure that a timely evacuation would happen cognisant of night-duty staffing levels. While daily fire safety checks were completed, they were not undertaken in a comprehensive manner to ensure all escape routes were free from risk, both internally and externally.

### Regulation 11: Visits

Visiting to the centre had re-commenced in line with HPSC guidance. The service was aware of the increased visiting arrangements advised by the HPSC and was in the process of organising another visiting area with separate entrance to minimise walk-through the centre. Bedroom visitation was facilitated for those resident who requested it or whose condition necessitated bedroom comfort during visiting.

Judgment: Compliant

### Regulation 18: Food and nutrition

A 'dining experience' audit was introduced and this included observation by staff as well as feedback from residents; two dining experience audits were completed in August at dinner and tea times. Actions were identified and corrected immediately to enable better dining experiences for residents. Residents reported they had choice with their menu and where to dine and meals were seen to be pleasantly presented. Residents had good access to speech and language therapy and dietician services and appropriate monitoring of residents' weights was seen in nutrition documentation.

Judgment: Compliant

### Regulation 20: Information for residents

While the resident's guide was easily accessible, it did not reflect the changes in the centre since December 2019.

Judgment: Substantially compliant

### Regulation 27: Infection control

While the centre appeared clean on the day of inspection, items previously identified regarding infection control remained an issue:

- a comprehensive audit programme as part of a quality improvement strategy to enable effective monitoring of infection control was not established
- the cleaners' room was not appropriately fitted out to enable adequate and appropriate storage as mops, five-litre drum of cleaning solution and large bags of paper towel rolls were on the ground
- one unoccupied bedroom described as having been deep cleaned was found to contain items belonging to the previous resident
- the taps on one hand wash sink in one sluice room were non-clinical and not in keeping with the National Standards best practice guidance
- the sluice room on the back corridor did not have a bedpan washer so staff had to go some distance to access sluicing facilities in another zone, which was not in keeping with best practice guidance.

Judgment: Not compliant

### Regulation 28: Fire precautions

Emergency floor plans displayed were inadequate to enable a safe evacuation if required.

Fire drill/evacuation records did not include the necessary detail to provide assurances that evacuations could be completed in a timely fashion; records did not routinely include the number of staff attending; the actions taken or the lessons learned to ensure that a timely evacuation would happen cognisant of night-duty staffing levels.

Daily fire safety checks failed to identify some fire safety issues including emergency exits which were partially obstructed on the inside with laundry trolleys and on the outside by an item of garden furniture.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The medication fridge was maintenance in line with professional guidance. Controlled drugs records reviewed showed that staff maintained these records in accordance with An Board Altranais agus Cnaimhseachais professional guidance. Drug administration records examined were comprehensive. The prescribed administration times were adjusted since the last inspection to enable administration be completed within the recommended parameters in line with professional guidelines.

While there was a stock of antibiotic medications as part of the COVID-19 preparedness plan, some of these medications were out-of-date and had not been returned to the pharmacy.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents care records detailed wound care management with wound and dressing progression documented. Antibiotic therapy was monitored in association with infections and interventions put in place to possibly mitigate recurrences of some infections such as increased fluid intake to help prevent urinary infections.

The falls audit and post falls analysis showed that following falls incidents review, a twilight HCA shift from 17:00 - 23:00hrs was introduced to supervise the garden day room and the number of falls had reduced.

The locum GP continued to attend the centre twice a week and liaised with other GPs as part of residents' healthcare oversight.

Judgment: Compliant

## Regulation 9: Residents' rights

A weekly newsletter was introduced for residents keeping them informed of the

'goings-on' in the centre. There was one activities co-ordinator in post at the time of inspection, with a second person recruited and was due to start in September. The activities seen on inspection were engaging, enthusiastic and fun. The activities person called to residents' bedrooms in the morning from 09:15 - 10:00am to socially engage with residents; from 10:00 onwards she was in the garden day room with residents facilitating activities and supervising residents for the remainder of the day. However, residents who remained in their bedrooms had little activation and recreation or opportunities to participate in activities in accordance with their interests and capabilities. The responsibility of activities appeared to be the sole remit of the activities co-ordinator rather than the responsibility of all staff to facilitate activation.

Residents' surveys had started with feedback sought of the activities and mealtimes. Twenty residents had returned their feedback forms and the rest were awaited. The inspectors reviewed some of these, and of the ones seen, they all gave feedback on the meals and suggested improvements, however, these surveys had not been assessed and some had been submitted for some time.

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
<b>Capacity and capability</b>	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Ennis Road Care Facility OSV-0005768

Inspection ID: MON-0030230

Date of inspection: 07/09/2020

## 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
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: Registration Regulation 6: Changes to information supplied for registration purposes:  All notifications will be submitted by the RPR within the legal timeframe for any future changes to the role of the PIC. Further notifications and supporting documentation in respect of the PIC have all now been submitted.	
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The Registered Provider Representative is PIC since 28th of September 2020. All required documentation and forms have now been submitted to HIQA as required.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: ERCF currently has a sufficient number of staff to cater for the amended registration	

capacity of 45. Ongoing recruitment program continues for the positions that need to be addressed and to build capacity to cater for increased occupancy into the future. Detail of all recruitment and HR matters continues to be sent via the weekly reporting structure to HIQA. Staff satisfaction surveys are commencing and will be repeated at least annually. Agency staff are only in use under short-term contracts with the agency to ensure that staff are not working across other sites as per public health advices.

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Regulation 16: Training and staff development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:  
 Frequent and intensive staff training and development remains ongoing. The training is provided internally and by external contacts. ERCF takes pride in excellent quality training. 3 Senior Staff Nurses employed and 4 Senior HCAs promoted to ensure the highest standards of care are delivered at all times. All new appointees undergo a comprehensive induction programme and on the job training. Supervision of junior staff is maintained on all shifts and is supported by our regular audit programme and performance reviews at the necessary junctures following induction.

2 new experienced activities staff have been recruited since the inspection.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:  
 ERCF has emailed all GPs again to remind them of their individual log details for residents information system. They are enabled to access information internally and remotely from the practice. Nurses have been reminded not to give own access to any internal and external person using the system. Accountant, CNM and Senior Staff Nurses are trained in setting a new profile on the electronic system.

Staff have been reminded about computer access and confidentiality.

Regulation 23: Governance and	Not Compliant
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management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Registered Provider Representative is now a full time PIC at ERCF.</p> <p>New strategy for weekly and monthly audits for all Nursing and Senior Nursing Staff initiated by PIC and CNM in ERCF.</p> <p>Sufficient amount of staff recruited by the care providers in order to maintain the highest level of care and standards as per current resident's capacity and maximum occupancy levels.</p> <p>Strategy for the recruitment and retention of staff for 84 residents is being developed and will be submitted when relevant with an application to vary the registration conditions.</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The SOP has been updated to include all details that were not present in the previous version and this was submitted to HIQA on 11th September 2020.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints policy has been updated and sent to HIQA.</p> <p>Independent Advocacy was referred in Complaints Policy and is now also incorporated into the complaints process algorithm.</p>	
Regulation 4: Written policies and	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Complaints policy has been updated and sent to HIQA.</p> <p>Independent Advocacy was referred in Complaints Policy and is now also incorporated into the complaints process algorithm.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: Residents guide was up to date and available in all bedrooms for the residents. 1 out of date copy was found inside of unoccupied bedroom was removed and destroyed. All outdated documents removed from the care facility.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: IP&amp;C weekly and daily audit had been continued by Staff Nurses and Senior Nurses. CNM is completing detailed IP&amp;C audit monthly. Ongoing staff training in IP&amp;C continued.</p> <p>Cleaners room is now tidy and extra measures were put in place re same. All staff have been retrained in all aspects of Infection Control.</p> <p>Deep cleaning schedule for vacant room is in place and the senior House Keeping Staff taking charge in adhering to the schedule. Management oversees same.</p> <p>Taps in the sluice room that was not adhering to the National Standards best practice are now changed.</p> <p>New bedpan has been installed and commissioned by the plumbing team.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Emergency floor plans have been updated in all bedrooms and audited by management.</p> <p>Fire drill carried out on a regular basis and a detailed record of same accompanied by action plans is kept on file. Night and day drills, evacuations and absconding drill are done routinely.</p> <p>Fire Marshal and allocated Fire Warden are carrying out daily inspection of fire exits and same recorded in the Fire book.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A detailed medication and pharmacy audit have been carried out. All outstanding issues and non-compliances have been addressed and corrected.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1 activity coordinator, who had completed Recreation course and proven to be highly enthusiastic and innovative, was employed full time at ERCF on the day of inspection. Another full time activity coordinator has been employed and was awaiting garda vetting. As part of our contingency plan, our HCA are trained in how to provide meaningful and age appropriate activities. Activities plan has been displayed throughout the premises to encourage high level of participation. All completed resident satisfaction surveys have now been reviewed and actioned</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
Registration Regulation 6 (1) (b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.	Not Compliant	Orange	
Registration Regulation 6 (2) (b)	Notwithstanding paragraph (1), the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 2.	Not Compliant	Orange	
Regulation 14(3)	Where the registered provider	Not Compliant	Orange	28/09/2020

	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.			
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	28/09/2020
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	Orange	09/11/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant		09/11/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately	Not Compliant	Orange	09/11/2020



	supervised.			
Regulation 20(1)	The registered provider shall prepare and make available to residents a guide in respect of a designated centre.	Substantially Compliant	Yellow	09/11/2020
Regulation 21(1)	The registered 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.	Substantially Compliant	Yellow	09/11/2020
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	
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	Orange	09/11/2021
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	09/11/2020

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	09/11/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	09/11/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	09/01/2020
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	09/11/2020
Regulation 29(6)	The person in	Substantially	Yellow	09/01/2020

	charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Compliant		
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Not Compliant	Orange	09/11/2020
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to	Substantially Compliant	Yellow	09/01/2020

	deal with complaints.			
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Substantially Compliant	Yellow	09/11/2020
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Not Compliant	Orange	09/11/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant		09/11/2020
Regulation 9(1)	The registered provider shall carry	Not Compliant	Orange	09/11/2020

	on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	09/11/2020
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	09/11/2020