



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

Issued by the Chief Inspector

Name of designated centre:	Holy Ghost Residential Home
Name of provider:	Holy Ghost Hospital Board of Trustees
Address of centre:	Cork Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	13 May 2021
Centre ID:	OSV-0000591
Fieldwork ID:	MON-0032638

About the designated centre

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

The Holy Ghost Residential Home is a single-storey purpose built centre that includes various renovations and extensions which have taken place over the years to enhance the living spaces for residents. It contains 60 single bedrooms with full en-suite bathrooms. Communal accommodation consists of a large communal sitting room called the concourse. A large dining room is located beside a well-equipped kitchen and a second sitting room is across the corridor. Other communal areas includes a fully furnished oratory, a library, a comfortable furnished foyer, a smoking room and a hairdressing room. There are also additional seating areas along some corridors. There is an enclosed garden in the centre of the building and other outdoor spaces are available including walkways at the front of the building.

The Holy Ghost is a residential setting catering for residents to live independently with supportive care. The emphasis is on home-style living where each resident has their own room/living space. The Holy Ghost residential home does not provide 24-hour nursing care but a registered general nurse is responsible and accountable for the daily running of the home. This supportive independent care model is reflected in the staffing structure which is household, catering and caring staff as in the community setting.

The centre is located in Waterford city in close proximity to the city centre and to public transport networks.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 May 2021	09:45hrs to 18:00hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

The overall feedback from the residents and relatives was that this was a good place to live in a supported care environment, where you could maintain your independence but still have company and security. They also said that they had plenty of choice in their daily lives. Staff promoted a person-centred approach to care and were found to be kind and caring. The inspector met with a large number of residents present on the day of the inspection and spoke in more detail with approximately 10 residents. The inspector also met a number of visitors in visiting their relatives. One resident told the inspector that there was "nothing you could want or ask for here! Best ever!"

The inspector arrived unannounced to the centre in the morning and the nurse on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature checks.

The inspector took a tour of the premises where she met and spoke with residents in the corridors and in the dining and day room. The centre is a single story building which is home to 60 single en-suite bedrooms, one staff sleepover room and a visitor's sleep over room both with en-suite facilities. Communal accommodation was seen to be appropriately decorated and homely. There is a large communal sitting room called the concourse which was home to a very large screen wall mounted TV, music equipment and comfortable seating spaced out to abide by social distancing requirements. The person in charge told the inspector of plans to renovate this area to create a more comfortable environment. The inspector saw there is a large dining room located beside a well-equipped kitchen with a second dining room across the corridor. The dining room was bright and homely and contained a decorative mural of a local seaside area well known to the residents. Residents were seen to attend the dining room for all meals and the tables were appropriately set with the required condiments. Meal times were seen to be a social occasion with residents seen to remain at the tables chatting following their meals. Other communal areas includes an ornately furnished oratory that also doubled up for activities, a library, a comfortable furnished foyer, a smoking room and a newly refurbished visitors room which contained tea and coffee making facilities. There are also additional seating areas with comfortable couches along some corridors. There is an enclosed garden in the centre of the building and other outdoor spaces are available including walkways at the front of the building. The inspector saw that residents had easy access to the gardens and saw numerous residents sitting out in the garden during the inspection. Gardens were furnished with decorative seating and raised flower beds and colourful plants. One of the residents told the inspector that she loved to sit out in the garden particularly in the evening to listen to the bird song and that it was very peaceful and relaxing.

The centre is a residential setting catering for residents to live independently with

supportive care. The emphasis is on home-style living where each resident has their own room/living space. It provides supportive services and the staff are directed in their work by the individualised needs, requests and choices of the residents. The inspector saw this in action throughout the inspection and all residents seen were encouraged by staff to maintain their independence. The staff ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Residents spoken with reported positively on the experience of living at the centre and the inspector saw evidence that residents adopted a relatively independent daily routine and were fully supported in doing so by both staff and management. The centre describes the ethos in its statement of purpose as having an " emphasis on a home style setting where staff are directed in their work by the expressed needs and preferences of the residents by promoting independence, self-care and healthy ageing in interactions with residents ". The inspector found that the intention of this statement was actively promoted by both staff and management in the day to day care at the centre. Resident surveys had been undertaken and there was evidence that residents were consulted with and had an opportunity to participate in the organisation of the centre.

Residents told the inspector how great it was to be in the centre and how good the staff were to them. One resident described how following a number of break-ins in the local area where they lived, the resident no longer felt safe at home and came to live in the centre. Residents said they felt very safe here and were happy to have the nurse check on them at night giving that added feeling of safety and security. They described how pre COVID-19 many would be out in town during the day and were hoping now that they were all vaccinated they would be able to get back out doing the things they wished. Other residents said they were happy to remain in the centre where they felt more protected from the pandemic but were delighted to have their visitors coming in again. The inspector saw and met a number of visitors during the inspection using the visitor's room and also visiting at the reception area using a Perspex screen. Families expressed their delight to be visiting but said they were always assured that their relatives were safe and happy in the centre. They were gushing in the praise of the person in charge and staff who communicated so well with them throughout the pandemic.

There was evidence that the centre is deeply rooted in the local community and pre the COVID-19 pandemic local choirs and schools were regular visitors to the centre. Residents informed the inspector that some music groups had recommenced coming in and had provided entertainment from the enclosed garden which was very much enjoyed by all. Facilities at the centre for recreation and occupation were available with a schedule of weekly activities including input by an activities co-ordinator. In keeping with the profile of low dependence many residents chose and arranged their weekly activities with support from staff and management at the centre. All residents had access to recreational resources such as TV, radio and newspapers. The inspector observed a number of activities taking place during the inspection including a very active knitting club where residents were busy making knitted decorations, cushions, ornaments. Photographs of some of the more creative items were seen which included Christmas crib figurines and Easter decorations. Residents in attendance confirmed their enjoyment of the group with a number new to the art

of knitting and crochet and others well established in the craft but all welcomed. The large screen TV in the main day room was used for watching old films and musical concerts and videos and residents equated it to a cinema experience. One resident told the inspector that " the day went by quickly as there is always something to do."

The centre was seen to be generally clean throughout and there were two dedicated cleaning staff on duty who were ensuring all high touch areas were cleaned regularly. However, the inspector saw some areas that required further cleaning and some practices that were not in line with best practice in infection prevention and control and these are outlined further in the report.

Overall the inspector found that the centre provided a good quality of care to residents and very person centred interactions were seen between residents and staff which were helpful, courteous and respectful.

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

Capacity and capability

There were effective management systems in this centre, ensuring high quality person centred care was delivered to the residents. The board and the management team were proactive in response to issues as they arose and improvements required from on the previous inspection had been addressed and rectified. However, improvements were required in relation to record keeping, notifications and the oversight of infection prevention and control.

Holy Ghost Residential home is run by a voluntary board of management, the chairperson/master of the board represents the provider. Funding for the service is granted under a service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act, 2004, voluntary fund raising, and residents' own contributions. This centre caters for low dependent residents and if dependency needs of residents change alternative accommodation is sought for the resident. The centre was granted registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations which stipulated that if the centre provided care only to residents who do not require full-time nursing care, the person in charge is not required to be registered as a nurse. The centre operates on a social model of care. Medical needs are met through residents own General Practitioners (GP's) in the community. Although the person in charge is a nurse and there is a nurse working in the centre in the morning and at night the centre does not provide 24 hour nursing care.

There is a clearly defined management structure in place. Care is directed through the person in charge who reports to the master of the board. The board met on a regular basis and were very frequent visitors to the centre pre COVID-19. The person in charge meets with the board of management on a monthly basis and meetings included feedback of audit results and review of incidents in the centre such as falls and other significant events. Staffing, admissions, discharges and all financial issues were also discussed. Minutes of these meetings were retained and appropriate actions taken as required. The governance system was effective in terms of communication and oversight of the service. A deputy manager will deputise in the absence of the person in charge. Staff were aware of their roles and responsibilities. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

The Inspector acknowledged that residents and staff living and working in centre has been through a challenging time and that at the time of the inspection they have been successful in keeping the centre COVID-19 free. Staff attended for serial testing on a fortnightly basis and the management team had established links with the public health team and HSE lead for their area and had a clear list of the relevant persons to contact in any emergency situation. There was a clear and comprehensive COVID-19 emergency plan and policy in place which the inspector reviewed. All residents and staff had received COVID-19 vaccination and ongoing symptom checking was in place. Social distancing was put in place throughout the centre where possible. Up to date training had been provided to all staff in infection prevention and control, hand hygiene and in donning and doffing of Personal protective equipment (PPE). Regular staff briefings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the HSE. However, the inspectors noted a number of areas and practices that required review in relation to infection prevention and control and following the inspection a self-referral was made to the HSE infection control team for a review of the centre as recommended by the inspector to ensure compliance with the national guidelines including the Health Protection Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the low dependency needs of the residents. There was a nurse on at night and a care staff member who slept from 12midnight to 6am but could be called if needed . Staff reported it to be a very good homely place to work. Staff communication methods such as meetings, emails and shift handovers ensured information on residents' changing needs was communicated effectively. Staff who spoke with the inspector were deemed competent to perform their respective roles and said they were supported by management with ongoing training and supervision. All staff were appropriately Garda vetted prior to commencement in the centre however some gaps were evident in staff files, notifications to HIQA and other areas of record keeping and the requirement for further administrative support

was evident.

Regulation 15: Staffing

A review of staffing rosters and the staff on duty during the inspection, the inspector found that staffing levels and the current skill-mix were sufficient to meet the assessed needs of the residents.

Residents and relatives generally spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity all felt there was enough staff available to meet their needs.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided in the centre with further training dates scheduled for the year ahead. Staff told the inspector they were encouraged to undertake training by the person in charge. Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling and responding to elder abuse.

Infection control training was provided and updated on a regular basis and included hand hygiene, donning and doffing of PPE and principles of infection control.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files viewed by the inspector were assessed against the requirements of schedule 2 of the regulations. Garda vetting was in place for all staff and the the person in charge assured the inspectors that nobody was recruited without satisfactory Garda vetting. One staff file was missing a reference from the most recent employer and another had unexplained gaps in their CV. Therefore the requirements of Schedule two were not fully in place.

Although many records as requested during the inspection were made available to the inspector. Some records such as fire alarm and emergency lighting certification were difficult to locate, emergency lighting certification was submitted to the inspector following the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre was operated on a voluntary basis with an established system of governance in place via a board of management. The board of directors oversee the organisational, financial and management of the centre. The board meet on a monthly basis and meetings had been taking place over video conferencing during the current pandemic. Minutes of meetings were available for inspection.

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. Appropriate resources were allocated to meet residents' low to medium dependency needs. There were systems in place to review the safety and quality of care and support to residents. The person in charge was collecting key performance indicators and issues were trended and fed back at the monthly board meetings. There was evidence that audits were carried out including audits of falls, hand hygiene audit and medication audit these were seen. Further development of these audits and the requirement for actions plans were discussed which the person in charge and she assured the inspector she would undertake same.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place for 2020. Resident satisfaction surveys had been completed but the results of these required collation.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were required to ensure that all statutory notifications were submitted to the Chief Inspector in accordance with regulations.

Quarterly notifications and/or six monthly nil notifications had not been received in the 18 months prior to the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

Residents told the inspector that if they had any complaints or concerns they would inform the person in charge and she would address their concerns promptly. The inspector reviewed the complaints log and noted that there were no open complaints at the time of inspection.

Judgment: Compliant

Quality and safety

The inspector found that overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that a ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre. However improvements were required in infection prevention and control, care planning and some aspects of accident monitoring.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Many residents saw the GP at their own practice. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated as required but kept to a minimum during the pandemic.

There was evidence that residents had access to other allied healthcare professionals including dietitians, speech and language therapy, dental, chiropody and ophthalmology services. Most of these services were provided via community care. Policies and procedures in relation to medication management were in place

and the centre provided facilities for a number of residents to self medicate.

Resident assessments were completed using validated tools and care plans were completed following these assessments, some improvements in care planning was required. The provider had put systems in place to manage risks and to ensure that the health and safety of all people using the service was promoted. However, the inspector found improvements were required in the monitoring and recording of observations following a fall. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly and fire drills took place involving the residents. However a fire drill evacuation of the largest compartment had not taken place with minimal staffing levels to provide assurances of timely safe evacuation. A drill was requested to take place following the inspection and the record forwarded to the inspector provided assurances around the safe and timely evacuation of residents.

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. Staff had access to personal protective equipment and staff were observed to be wearing surgical masks correctly. Alcohol hand rub was readily available throughout the centre and staff were observed to comply with good hand hygiene practices. Staff at the centre completed hand hygiene training and donning and doffing of PPE every six months. However improvements were required in some aspects of cleaning and infection prevention in the centre.

Regulation 11: Visits

There were two designated areas to facilitate visiting in line with the most up to date guidance for residential settings. Indoor visiting was taking place on the day of inspection in one of the visiting rooms that enabled safe visiting abiding by social distancing guidelines. Visitors booked in advance and went through a screening process and wore appropriate personal protective equipment through out the visit. Inspectors were informed that visiting had been facilitated throughout the previous year by adaptation of a reception area with a perspex screen.

Judgment: Compliant

Regulation 17: Premises

The centre was generally bright and clean with adequate sitting, recreational and dining space to meet the needs of residents. The centre had plenty communal spaces for residents to spend restful time alone or with others if they wished. A well kept library was observed by the inspector to be well stocked with a variety of

reading material. All bedrooms seen by the inspector were spacious and brightly decorated with residents personal possessions and had suitable storage facilities. All residents' bedrooms had ensuite shower and toilet facilities. Residents had access to an enclosed garden that had sufficient seating to accommodate residents needs. Laundry facilities included a wash hand basin.

Judgment: Compliant

Regulation 27: Infection control

Improvements were found to be necessary to ensure that infection prevention and control in the centre reflected the National Standards and COVID-19 prevention and control guidance provided by the Health Protection and Surveillance Centre (HPSC) as follows:

- The sluice room was not clean and required review. Equipment in the sluice room was rusted and could not be effectively cleaned.
- A number of raised toilet seats stored in the sluice room were not clean and had visible urine stains on the under surface
- The inspector observed that coloured cleaning cloths were not used in line with the centre's cleaning policy.
- Oversight of cleaning practices and schedules required improvement.
- The inspector observed a non-clinical waste bin not being used appropriately. This was addressed by the person in charge during the inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

There were adequate precautions taken to prevent against the risk of fire at the centre including fire fighting equipment, adequate means of escape, emergency lightening and regular servicing of these systems. Annual fire training was completed by staff at the centre. A simulation of evacuation of the largest compartment in the centre alongside a full evacuation of the centre with minimal staffing levels was undertaken which provided assurances regarding suitable evacuation times.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist of their choice at the centre. Medicines dispensed at the centre were stored securely. Medication requiring special control measures were stored appropriately and counted at the end of each shift by two staff. A count completed by the inspector confirmed robust monitoring systems.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some improvements were required in care planning to ensure that care plans were prepared and reviewed in line with regulations. Care plans of newly admitted residents, reviewed by the inspector were not completed within 48 hours of admission. While validated assessment tools were used at the centre, these assessments were not always updated after incidents such as when residents sustained falls. This approach to care planning did not provide a comprehensive record for staff to follow care for residents and the person in charge agreed to update same following the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Improvements were required to ensure that appropriate and evidence based care was consistently provided to residents who sustained falls. Two care plans reviewed by the inspector did not have documented neurological assessments recorded after residents sustained falls where there was a risk of head injury. This was brought to the attention of the person in charge on the day of inspection who agreed to address this issue.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The care and support being provided in the centre was person centred. Through observing practice and speaking with residents it was evident that residents views and rights were being respected and staff knew residents well and engaged with them positively during the inspection. The centre had a programme of varied activities in place for residents. On the day of inspection, the inspector saw a number of residents enjoying an arts and crafts session and residents were happy to

display and share their work with inspectors. Residents told inspectors that they also enjoyed prayer sessions that were available in the oratory. Information on the day's events and activities was displayed in the centre. The centre did not hold residents meetings during the COVID-19 pandemic and planned to resume these in the coming weeks. In the absence of these meetings the person in charge distributed surveys to residents. Residents had access to newspapers, television and media as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Holy Ghost Residential Home OSV-0000591

Inspection ID: MON-0032638

Date of inspection: 14/05/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The staff files have been rectified to contain the most recent employers' references and no gaps in CVs as per our staffing Policy and Regulations.</p> <p>All staff files will comply with Regulation 21.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All notifications of incidents will be reported through the HIQA portal system as per Regulation 31.</p> <p>Timescale: Immediate</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: HSE Infection Control Nurse contacted RE: Infection Control Audit of Holy Ghost Home:</p>	

Advised to engage with Clean Pass for Audit and Training of all Household and Cleaning staff, in order enhance our current cleaning colour coded system and cleaning policy, same commencing 17.06.2021.

Timescale: All above staff trained by July 01.07.2021.

Old Sluice room has been decommissioned due to provision of en-suites to all rooms and in line with residents own low to medium dependency needs. It is now a cleaning room area with storage facilities for all cleaning equipment and locked in cleaning chemicals as per our infection control and cleaning policy.

New bed pan washer provided for emergency use or in the event of out breaks in line with infection prevention and control policy.

Timescale: June 30.06.2021.

All medical equipment and aids will be cleaned sanitized and stored as per our cleaning schedules, cleaning policy and infection control policy in compliance with Regulation 27.

Timescale: Immediate.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All care plans for new residents will be completed within 48 hours of admission to our home as per the responsibility of nurse/carer on duty and in line with our policy and regulations.

Timescale: Immediate.

All care plans reviewed quarterly.

Care plans of all residents will be updated within 24 hours following any incident, accident or assessments from appropriate Health Care Professionals, thereby, allowing recommended interventions to be clearly documented, ensuring a more comprehensive plan of care.

Caring Staff Refresher Training Re: Documentation and care planning and record keeping completed 02.06.2021, in order to ensure responsibility and compliance with the Regulations.

Updated refresher courses will continue 6 monthly as per in- service training.

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Following any accident or fall of a resident, neurological observations are recorded.</p> <p>All observations and neurological assessments of any residents who sustain falls will be recorded as per procedure in the accident book and followed up in the residents care plan.</p> <p>A Neurological and observation checklist tool, has been devised and attached to the existing accident book record, to improve and ensure that the correct evidence based practices and procedures are adhered to by all staff on duty, in accordance with Health Care Regulations.</p> <p>Timescale: Immediate</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	14/06/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	14/06/2021
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	01/07/2021

Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	14/06/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	14/06/2021
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	14/06/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide	Substantially Compliant	Yellow	14/06/2021

	appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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