



**Health
Information
and Quality
Authority**

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:	Marymount Care Centre
Name of provider:	Humar Limited
Address of centre:	Westmanstown, Lucan, Co. Dublin
Type of inspection:	Short notice announced
Date of inspection:	12 August 2020
Centre ID:	OSV-0000065
Fieldwork ID:	MON-0030161

About the designated centre

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

Marymount Care Centre is located close to the village of Lucan in West Dublin, approximately 13 kilometres from Dublin city centre. It is situated in a quiet scenic rural area. Some local amenities are available including the village shops and church. It provides long term and respite general care to male and female residents over the age of 18 years. The service is nurse-led by the person in charge and delivers 24 hour care to residents with a range of low to maximum dependency needs. The centre is comprised of a two-storey, purpose-built building containing single and twin bedroom accommodation for up to 140 people, the majority of which include private en-suite toilet and shower facilities. Communal areas include spacious and homely dining and sitting rooms and multiple other rest areas, library, activity rooms, and secure external garden space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	110
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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
Wednesday 12 August 2020	09:30hrs to 17:30hrs	Sarah Carter	Lead
Wednesday 12 August 2020	09:30hrs to 17:30hrs	Gearoid Harrahill	Support
Wednesday 12 August 2020	09:30hrs to 17:30hrs	Michael Dunne	Support

What residents told us and what inspectors observed

Residents and staff provided a warm welcome to the inspectors. On arrival, staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature checks. Relatives who spoke with the inspectors said that they found these measures to be reassuring and necessary to ensure the safety of all persons in the designated centre.

Residents were full of praise for management and the staff team in particular. Residents told the inspectors about how their daily and evening routines had changed in recent months due to the COVID-19 outbreak. They told inspectors that nurses and carers visited them in their bedrooms to have chats about the pandemic and provide up-to-date information to reduce their anxieties and help them feel comfortable. Residents told inspectors that staff were kind and caring and couldn't do more than they do.

Some residents expressed their concern for the staff who were also sick and told the inspectors that they prayed fervently for them all during the outbreak. They talked sadly about the regrettable deaths of some of their friends in the designated centre.

Residents who had recovered from COVID-19 described the attentiveness of staff when residents showed signs and symptoms. A number of residents said staff did everything in their power to help them feel well again. A number of residents expressed their gratitude to the committed staff who had cared for them successfully in their home without the necessity of having to be transferred to hospital.

Residents were happy with the food and meals they received. Some residents compared it to living in a hotel whereby they were supported and assisted to have what they wanted. Residents commented that staff would do anything and nothing was too much trouble for any one of them.

Residents were satisfied with their surroundings. They acknowledged that the staff members kept the bedrooms and all areas in the home neat, tidy and clean. Inspectors saw household staff cleaning all areas of the centre, paying particular attention to surfaces, including handrails, and decontaminating residents' equipment. The inspectors heard staff asking residents if they had washed their hands and observed staff patiently perform this task with residents while they chatted about the day.

During the inspection the inspectors observed a range of activities targeted at both those residents who chose to stay in their rooms and those residents who used the communal areas with appropriate social distancing in place. Residents were seen to

use the garden areas and the grounds for walks with staff.

The management team told inspectors that COVID-19 had affected all residents, staff and the managers themselves deeply, they were sincerely saddened and emotional about the loss of residents and the impact the pandemic has had on life in their centre. The outbreak of COVID-19 was described as devastating and a body blow to the centre. However, staff under the leadership of the management team, were organised and supported throughout the outbreak. Members of the family of the Provider who run the centre, volunteered to assist with communication during the acute phase of the outbreak. The management team took steps to ensure staff well being - through check-ins, the provision of practical supports and the provision of psychological supports. Staff voluntarily cancelled annual leave, and staff from the centres own "bank" of staff worked in the centre throughout the outbreak. The contingency plan to ensure satisfactory staffing included using an external agency, and some agency staff worked in the centre for over a three week period.

Three inspectors separately observed high levels of staff morale and resilience. Despite the losses experienced staff were cheerful, and worked to ensure that the residents' new routines were consistent with the current infection and prevention control guidance and that resident's were reassured and supported during this time.

Relatives who communicated with the inspectors were complimentary about the provision and delivery of services, care to their family members and support to themselves, particularly in these past challenging months. They reported how much they trusted the registered provider and that they felt assured that residents' safety and best interests were maintained at the heart of the service. In particular, they praised the way information was communicated to them through the regular updates. Relatives who spoke with the inspectors commended the staff on their resilience and optimism and described how their positive outlook had been a source of strength for themselves and their families. Families reported that staff had always time to listen to them and provide information and advice even when they were obviously under great pressure.

Overall, every person who communicated with the inspectors had a positive outlook to the future and expressed confidence in the service and supports available to them.

Just before the inspection took place, the centre had been instructed by Public health to re-introduce stricter visiting guidelines, due to the centres proximity to Co. Kildare, which was the subject of local restrictions by the Government. Despite this change in event all visitors spoken with on the day said this had been clearly communicated with them, and they had confidence in the provider and the staff to manage these restrictions and were assured their relative was safe.

Capacity and capability

This was a good centre with a strong culture of person-centred care at the heart of care delivery. This culture and approach ensured that residents and their relatives were satisfied with the care and communications they received.

This was a short-term announced inspection and the registered provider representative had been informed about the inspection on the day before the inspection was scheduled. This was done in order to ensure that the inspection team were aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with them.

The designated centre had been inspected towards the end of 2019 and had achieved good levels of compliance across the regulations inspected. This risk inspection was triggered by the number of deaths that occurred in the centre during the month of April at the height of the COVID-19 outbreak.

The centre had experienced an outbreak of COVID-19 from 3rd April 2020. At the time of the inspection the outbreak remained officially open. While there were no active infections, 28 days had not passed from the last positive confirmed case's diagnosis, and as such the Public Health team had not declared the outbreak over. The centre sadly lost 29 residents to COVID-19 during the outbreak. The Chief Inspector was informed of the deaths in the correct manner, and received regular updates of the situation in the centre and the contingency plans the provider had in place to manage the outbreak. Managers and staff in the designated centre received support and guidance from the public health team throughout the weeks of active infection and continued to liaise with them in end phase.

Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, including setting up an Outbreak Control Team, which met on a regular basis. The registered provider had a clear algorithm prepared to guide them in the response to suspected or active cases. The provider had established access to expertise in public health and specialist medical personnel and Consultants in the nearest hospital.

At the time of inspection, the provider was admitting residents to the centre. The provider had worked with public health to resume admissions in a controlled manner into a specific unit or zone in the centre, and were abiding by all current guidance in relation to managing new admissions.

The governance and management team were committed to providing a good service and sought regular feedback from residents and families to improve practice and service provision. Throughout the COVID-19 outbreak, an enhanced pattern of communication with families and loved ones was evident with records showing regular updates in respect of the situation in the centre. Many relatives told the inspectors how the consistent communication and transparency alleviated all their fears and anxieties and maintained their full trust in the registered provider. The provider implemented a system of call backs to answer queries, and while this was effective, it was acknowledged that it was not always possible to contact relatives in a timely manner. Staff and management told inspectors that staff were with all

residents who died and no resident died alone. The loss of life in the centre had taken an emotional toll of staff and management, and support services had been put in place to assist all in processing what had happened.

The number of complaints to the centre was very low, and a review of records showed that where complaints arose they had been managed in line with local policy and procedure. Where required external expertise was sought to assist in complaint investigations.

Inspectors found that there were clear lines of accountability and responsibility in the centre. Staff knew who to report to and many stated to the inspectors that they felt supported by the hands-on management team who were present throughout the outbreak on a 7 day a week basis. All staff had completed training in infection control.

A variety of meetings were taking place, and minutes of those meetings showed that issues such as risk management, health and safety, infection control, staffing and training requirements, and quality indicators were on the agenda. As a result, inspectors were assured the provider had maintained good levels of oversight to ensure that despite the challenges posed by the outbreak, a consistent a high standard of quality care continued to be provided and that the safety of the residents was maintained.

Throughout the inspection, inspectors observed staff consistently adhering to infection prevention and control measures such as social distancing as per public health guidelines, including during break times.

Regulation 15: Staffing

Staffing was sufficient in the centre, and reflected the new "zones" that had been created to separate staff and resident groups.

There were no vacancies on the day of the inspection, and the Provider had made plans to fill key management positions.

The Provider had sustained satisfactory staffing levels throughout the outbreak of COVID-19 using their own staff resource. Registered nurses were on duty at all times, providing care and supervision to health care assistants.

Prior to the outbreak of COVID-19 the centre had expanded, and had increases its occupancy early in 2020. As a result a large number of staff had been employed in line with the expansion and the opening of these new beds. The centre was satisfactorily resourced prior to the outbreak of COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were fully trained in infection prevention and control. They had received a wide variety of training before and during the outbreak of COVID-19, on all aspects of infection prevention and control.

As mentioned above the roster reflected the "zoning" or co-horting of staff, and there was a satisfactory supervision structure in place in each zone. There were sufficient numbers of clinical managers to provide oversight and maintain safe services.

Judgment: Compliant

Regulation 21: Records

A sample of personnel files were reviewed. Staff had received Garda vetting disclosures prior to their commencement and the files also contained all the documents required in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had sufficient resources in place to meet the residents needs and to fulfil the requirements of their services, as outlined in the statement of purpose.

Staffing was sufficient, and there were good levels of personal protective equipment (PPE) in store on inspection. The provider's store of PPE was satisfactory throughout the outbreak.

The governance structure in the centre was clear, there were clear lines of accountability and responsibility amongst the management team, and all clinical staff. The roles and responsibilities of the managers and staff involved in the emergency response team that been formed to manage COVID-19 were clear and all involved had sufficient expertise to contribute to this important structure.

The governance systems in place were robust. There was good levels of oversight over all aspects of the service, and consisted of key performance data being gathered and discussed and audits being completed. In addition there was a robust approach to risk management, and many risks relating to COVID-19 had been assessed and controls identified. As part of the suite of information and data available to managers to oversee the services and ensure quality and safe services,

a chronology of events that took place up to and during the centres outbreak of COVID-19 had been prepared. The provider had also arranged for external consultants to review the data they had gathered, and reported that this would help generate a systems review of the outbreak and identify any area for learning and development. This review was taking place in the week after the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was up-to-date and contained all the necessary information to guide staff and managers to manage complaints. There was a designated complaints person. A small number of complaint records were reviewed. The outcome of the complaints investigations were clearly recorded, and external support had been sought to assist in complaint investigation as appropriate.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had all policies in place required under Schedule 5 of the regulations. All policies reviewed were evidence based. Policies and procedures had been reviewed and amendments added to reflect the risk that COVID-19 presented.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection. However, inspectors found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities.

Arrangements were in effect to ensure that residents had contact with their family and friends in a safe manner. As the building was large with multiple units, the provider strategically used the spaces, gardens and external doors available to ensure that all residents had good opportunities to see their loved ones. Inspectors

observed visiting times throughout the day which appeared to be comfortable and private in light of the social distancing requirements. Areas designed for visiting were equipped with masks, wipes and floor tape denoting distance, to assist people to stay safe. Visitors were requested to arrange visits in advance and have their temperatures checked. Special arrangements were in place for residents who were at the end of their life to receive visitors in a respectful and private manner.

All residents had a set of care plans which provided guidance on how to most effectively support residents with the assessed needs. Inspectors reviewed a sample of care plans for residents on each unit of the designed centre, and found that the majority of these plans were clear, detailed and were kept under review based on comprehensive assessments and updated to reflect changes in dependencies and support requirements. Care plan review contained input where necessary from the resident's general practitioner and allied health services such as dietician or tissue viability nurse.

Staff liaised with the community and acute services regarding appropriate admission and discharge arrangements and since the onset of COVID-19 those residents admitted to the designated centre were cared for in single rooms in a separate unit with a dedicated staff team for 14 days. This was in line with the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Food and fluid intake charts for residents who had a notable weight change were being diligently recorded by staff, and there were nutrition instructions for residents who had dietary support requirements such as people with diabetes or people who required dietary supplements.

For residents requiring intervention to prevent or treat wound development, plans were clear on aspects such as repositioning, exercise, skin care and dressing. Care plans were clear where a resident had refused treatment or where a discussion was had between the resident and their clinician on agreed-upon interventions.

Residents who were receiving end of life support had a personal and dignified plan of care, which took account of their cultural and religious preferences. It also included how to support the resident emotionally, with clear notes regarding where and with whom the resident wished to spend their time. There was evidence of engagement with the resident and their family on the persons choices. Some documentary improvement was required to ensure that wishes regarding DNR (do not resuscitate) orders were clear in the care plan.

Assessments and care plans related to more urgent or acute clinical supports were detailed, clear, kept under review and incorporated input and choice of the resident. However some of the more day-to-day care plans were more generic and not reflective of the high level of personal knowledge of residents that care and support

staff had and were observed delivering. Care plans on aspects of daily life such as personal care and grooming, and social and recreational interests, were the same between residents and contained placeholder text which did not reflect the individualised choices and support requirements of the residents.

The documentation also did not demonstrate the breadth of knowledge the staff spoken with had about the residents. All care observed was person-centred and reflective of residents needs.

The design and layout of the premises was appropriate for the current residents and ensured their comfort, privacy and well-being. The designated centre was divided into zones / units, which, at the time of inspection, were functioning as independent units in line with the designated centre's COVID-19 contingency plan. The premises was not reviewed against the regulations on this inspection, however the parts of it seen by inspectors were noted to be homely and decorated to a high standard. There was access to the outdoors and courtyards and garden areas were noted to be full of attractive plants and a source of great joy to residents.

Infection prevention and control practices in the centre were observed to be safe. Staff were up-to-date in their knowledge of infection prevention and control guidance and demonstrated good practice in hand hygiene and use of appropriate personal protective equipment.

Regulation 11: Visits

Due to the recent re-introduction of restrictions by Public Health, the arrangements for residents to receive their visitors had changed again in the days before the inspection and were in line with the related guidance issued by the Health Protection and Surveillance Centre (HPSC).

Residents described a range of opportunities that had been created during the COVID-19 outbreak in order to facilitate their relatives to communicate with them. This included technologies such as video calling and having a window visit either in communal viewing areas or outside their own bedroom windows.

Relatives who met the inspectors confirmed that they were always made to feel welcome and were accepting of the current restrictions. All visitors spoken with confirmed that they had full confidence in the provider, and whilst they wished circumstances to be different, they found the management team and the staff had communicated openly and regularly with them throughout the outbreak of COVID-19.

Judgment: Compliant

Regulation 13: End of life

There were policies and procedures in place to assist care staff develop appropriate end of life care plans that took into account the wishes of the resident and that of their families. Care plans were sensitively written and detailed the resident's wishes regarding their treatment plan and their religious and cultural preferences. Care plans were clear with regard to how residents comfort measures were to be addressed with input seen from medical personnel. Daily care notes were clear and concise and gave an informed account of resident symptoms with clear indication of clinical interventions made on a daily basis. There were arrangements in place for anticipatory prescribing and records indicated that there were established links with palliative care services in the community.

A review of records held in the centre showed that the provider facilitated visits where possible from family members for residents who were at end of life and this was done in conjunction with infection protection and control protocols

Discussions with staff members in the course of the inspection revealed the extent of loss that they felt due to the impact of COVID-19 on the residents. Staff were proud of how residents coped with isolation and also at not being able to see their family members face to face. Staff also reflected on those residents who had passed away and spoke about their sadness at the loss of these residents.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy. A risk register was maintained, and a process of risk assessment was used by management and staff to identify and assess risks in the designated centre. This included risk rating, escalation risks and the mitigation of risks. A comprehensive suite of risk assessments for various risks associated with COVID-19 had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering and visiting arrangements.

Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes. A serious incident review in respect of the COVID-19 outbreak was not finalised by the time the inspection took place, and an external consultant had been hired to assist the Provider to complete this review.

Judgment: Compliant

Regulation 27: Infection control

The premises was clean, tidy and well-equipped with hand washing stations, antibacterial gel dispensers, information posters and markings on the floor to assist and remind personnel to abide by social distance practices.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was accessible and available and staff used it in line with current guidance. Inspectors observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately. Staff were knowledgeable and confident when they described to inspectors the cleaning arrangements and the infection control procedures in place. Staff were observed to maintain social distancing as much as possible.

Overall, there were robust cleaning processes in place. Cleaning schedules and signing sheets were completed. Inspectors observed staff decontaminating equipment between use and adhering to infection control guidelines. There was a process in place and evidence for terminal (thorough) cleaning taking place. Cleaning and nursing staff, who spoke with the inspector were aware of their roles and responsibilities and the cleaning processes needed for terminal cleaning. There were safe laundry and waste management arrangements in place.

A new digital scanning system had been introduced at the entrance to actively monitor staff and visitors' temperature in a contact less manner. Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and all staff changed their clothes on coming on and off shift.

Hand sanitizers were placed strategically to ensure staff were accessing and using them regularly in line with current best practice guidance. There were systems in place to ensure staff minimise movements around the centre and rosters showed that staff worked in one designated unit and did not transfer across to other units in the building.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessments took place in a timely fashion with appropriate input from relevant parties.

Care plans guiding staff on how to support residents with their assessed needs were generally clear and detailed with good examples of resident choice and input being incorporated into regular review. While urgent care plans on areas such as wound care, nutrition and mobility were well personalised, care plans on support with daily

life such as personal care and recreation required some improvement on personalisation to reflect the good knowledge of staff supporting the residents.

In addition, some care plans that did not appear to have been informed by evidence based assessment tools, for example some care plans relating to needs arising from cognitive impairments did not have the residents baseline recorded.

Some improvement was required to ensure advanced care directives were consistently and satisfactorily recorded and accessible in residents care records. This was discussed with the management team, and inspectors were informed this area of care planning documentation was under review, and the documents would be consistently available after the review was completed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to their general practitioner and relevant allied health professionals, whose input was incorporated into assessments and care planning. If a resident refused to avail of an advised treatment or intervention, this was respected and relayed to the relevant professional for further discussion or compromise.

A wide variety of health and social care professionals were involved in residents care and treatment as required. there were access to specialist medical Consultants, physiotherapy, speech and language therapy and dietitians.

General Practitioners visited the centre and provided day-to=day care for all residents.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors spoke with a number of residents during the course of the inspection and found that all residents spoken with expressed high levels of satisfaction with the service. Residents mentioned how caring and kind the staff team were and mentioned that was a difficult time for them as well. Observations made throughout the day indicated that staff were respectful of resident's private space with staff observed to knock on residents doors before entry.

All residents seen on the day were appropriately dressed in clean clothes and appropriate footwear. Social interactions between staff and residents were seen to be supportive and person centred. Residents who needed time to make a decision

for example if they wanted to attend an activity session were afforded the time and space to make that decision.

Inspectors observed activity sessions held on each unit and found that there were appropriate numbers of staff available to provide support for residents to engage in the activity. Residents were encouraged to participate in group activities or were supported on a one to one basis to pursue their own individual interests.

Resident's rooms were tastefully decorated with opportunities available to residents to personalise their rooms if they wished. Rooms were sufficient in size for residents to be able to store mobility equipment without hindering their ability to access other areas of the room. Residents were able to access all areas within their individual units with clear signage available to direct residents to key areas in the building. There was an accessible garden that residents were seen using on the day of the inspection which was well maintained and popular among residents.

Residents who were affected by the COVID-19 pandemic mentioned that staff were very supportive of their needs during the lock down period but were happier now that they could attend communal areas and see their friends. Residents mentioned that staff helped them keep in contact with their families over the phone or by using other methods such as social media applications. Inspectors spoke with a number of family members who were attending window visits at the time of the inspection and the consensus was that residents were well cared for during the pandemic with good levels of communication maintained by the centre keeping families informed about the condition of their loved ones.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marymount Care Centre OSV-0000065

Inspection ID: MON-0030161

Date of inspection: 12/08/2020

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 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: Care plans for daily care and evidence based assessment tools are being reviewed to reflect the knowledge staff have on each resident. Advanced care directives for each resident has been reviewed with resident’s wishes, Next of kin input and General Practitioner. Resident specific comfort care plans are being put in place for each resident. Care Plans are reviewed four monthly and supervised by Clinical Managers. The residents care plan is updated more frequently if changes occur in the residents care plan.</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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/11/2020
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	30/11/2020