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:	Cara Care Centre
Name of provider:	Orbitview Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	23 November 2022
Centre ID:	OSV-0000735
Fieldwork ID:	MON-0038436

About the designated centre

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

Cara Care Centre is a five storey, purpose built nursing home. It is located in Northwood Park in Santry, close to shops and amenities. The registered provider is Orbitview Limited, and the person in charge is supported by the management team and staff such as nurses and healthcare assistants. The centre can accommodate 102 male and female residents, in 62 single en suite bedrooms and 20 double en suite bedrooms. There are facilities in place for social, recreational and religious activities, and there is a pleasant zen garden available for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	82

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
Wednesday 23 November 2022	09:00hrs to 18:00hrs	Arlene Ryan	Lead
Wednesday 23 November 2022	09:00hrs to 18:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

The overall feedback from the residents living in Care Care Centre was positive. Inspectors met a number of residents and spoke with residents who were willing and able to converse. The feedback from residents was that they were well looked after by the staff and that staff were very kind to them; however, many residents and a number of visitors commented that there were a lot of 'new faces' or new staff working in the centre in recent months and were concerned that so many staff had left over the last year. Despite this, they said that they were comfortable in their home and felt safe in their surroundings.

On the day of inspection the inspectors were met by the assistant director of nursing. The monitoring for signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting with the assistant director of nursing and later joined by the person in charge, the inspectors did a walk-around the nursing home with both.

The centre was bright and clean and was laid out over five floors with both bedroom accommodation and living spaces on each floor. The foyer has some comfortable seating and a fish tank beside this seating area. One resident informed the inspector that sometimes they liked to sit there and read the newspaper and watch the fish going about their daily routine. Large doors in the the foyer opened into the garden area. Access was easy with a button operated automatic door allowing residents to go outside if and when they decided to do so. The garden had a potting area where residents could participate in planting flowers. Despite it being windy on the day of inspection, some residents were seen using the garden area at different times throughout the day.

The residents' bedrooms were a mix of single and double occupancy rooms with en-suite facilities. Residents were supported to personalise their rooms with pictures photographs and personal items. There was adequate storage in the residents' rooms for storage of their clothes and belongings and a lockable unit was available to all residents who wished to use one. Laundry facilities were available on site and residents told the inspectors that they were happy with these arrangements. They said that they got their clothes back every few days clean and fresh; sometimes they sent items home with family members and staff facilitated this.

The inspectors had the opportunity to observe residents at the lunch time meal on different floors. The residents mostly went to the dining room for their meals; however, a few chose to eat in their rooms and this was facilitated by staff. The food served looked and smelled appetising. Many residents told the inspectors that the food was of good quality and that they had access to choices at mealtimes. They said that they liked the food and that there was always plenty of food available. Staff were seen promoting residents' independence at mealtimes and providing assistance when required in line with best practice. Residents were offered a choice of meals and each meal was plated in the dining room so it remained hot when

served to the residents. The tables were set prior to the meal time and condiments were available for residents to use. However, inspectors observed that some staff placed protective bibs on many residents without first asking their permission. This appeared to be a routine practice and required revirew as it did not support and promote residents' personal choice and independence. One resident told the inspectors that lunch was late on the day of inspection due to a meeting, but went on to say that the food was always good when it did arrive.

Inspectors observed that many areas of maintenance work were outstanding throughout the premises, for example repair to floor surfaces and worn paintwork, or broken door locks to a number of communal toilets. However, some refurbishment work was taking place on the day of inspection and one resident had been temporarily transferred to another room while their rooms was being redecorated. Furthermore, some immediate fire safety risks were also identified on the day such as bolted fire doors to the laundry facility, or inappropriate storage practices. The inspectors acknowledged that the provider took prompt action to address these risks on the day and further assurances were received following the inspection that appropriate mitigating controls had been put in place.

Inspectors saw that the activities schedule was displayed in each unit. Activities took place on different floors and at different times. In the afternoon bingo was organised on the ground floor and many residents from the other three floors were seen to attend this activity on the day of the inspection. There was a happy atmosphere during the game of bingo and residents were seen to be keen to participate in the session. Many were seen leaving with small prizes which they won.

Inspectors observed that staff were visible on the floor tending to the residents' care needs. Interactions between the staff and residents were seen to be person-centred and residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were treated with dignity and respect whilst maintaining their safety.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that there was a clearly defined management structure in place, with management systems to promote the delivery of quality care to residents. However, due to recent changes in the management team and a high turnover of senior staff, the person in charged required further support to ensure the oversight and monitoring of the service. While progress had been made since the last inspection in a number of areas, the oversight of environment was

insufficient, including fire safety, premises and proactive maintenance programme to support a safe and high quality service.

This was an unannounced risk inspection by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to review the information submitted by the provider in respect of the application to renew the registration of the centre

Orbitview Limited company is the registered provider entity for Cara Care Centre. This company is part of the TLC nursing home group and the wider Orpea Care Ireland group. Although there was an adequate number of staff on duty on the day of inspection, inspectors had concerns in relation to the level of experience, the capacity and capability of the management team and the sustainability of the resourcing of the governance of the centre. However, the provider and management team presented a recruitment plan to inspectors outlining their recruitment strategy to fill a number of senior staff positions in the centre.

The person in charge took up the role in August 2022 and was supported by a newly appointed assistant director of nursing and a clinical nurse manager. A second assistant director of nursing was due to start in the weeks following this inspection. Recruitment was ongoing for three replacement clinical nurse managers with two interviews already scheduled in the coming weeks. Other staff members working in the centre at the time of inspection included two senior managers from the TLC group supporting the management team, nurses, healthcare assistants, activity coordinators, administrative, domestic, catering and maintenance staff.

At the time of inspection, the provider was actively recruiting to fill other staff vacancies including nursing and housekeeping staff and had a number of interviews scheduled, and a number of candidates were at the final stage of being recruited. Feedback from several residents in relation to staffing was very positive; however, many of the residents and visitors who spoke with the inspectors commented on the number of new staff that had started in recent months. They said that the staff were lovely but had noticed a lot of staff had left and were hoping that the new staff would remain in position.

In general the management team were proactive in response to issues as they arose, and used regular audits of practice to improve services. Most of the issues identified on the last inspection on 1st March 2022 had been addressed, however, not all aspects of the compliance plan following that inspection had been completed in full, such as installation of the clinical hand-wash basins, fire drills with the largest fire compartments and the oversight of storage practices and environment remained inadequate. For example many boxes of urinals and toiletries were inappropriately stored on the floor and on shelves in one of the treatment rooms instead of the designated store room. A number of oxygen cylinders were also stored in the same room, as opposed to in the external cylinder storage area increasing the risks in the event of a fire. This immediate risk was identified and addressed on the day of inspection. An urgent action was requested to remove a bolt from a fire door in the laundry and second urgent action to remove items stored in the stairwell on the

ground floor.

Training records were available for review and showed good compliance with mandatory training requirements. A schedule of training was in place for future training and updates. Records of induction were present in all new staff files reviewed by the inspector.

Regulation 14: Persons in charge

The person in charge was suitably qualified and an experienced registered nurse working there on a full-time basis. They had the authority to make decisions to ensure a safe and appropriate service for residents living in the centre and was responsible for the day-to-day management of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was an adequate number of staff on duty on the day of inspection to provide care for the residents living in the designated centre. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

There was evidence that a minimum of one registered nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix (a record of staff training) was in place for staff and this was being maintained by the management team. Compliance with training was being overseen by the person in charge and assistant director of nursing, and any staff that were due training were being identified. A sample of staff informed the inspectors that they had access to training and were reminded when any training was due.

Judgment: Compliant

Regulation 21: Records

A selection of staff files reviewed by inspectors showed compliance with Schedule 2 of the regulations (such as An Garda Síochána vetting and references).

All nurses employed by the centre at the time of inspection held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Resident files' were maintained for the required amount of time in line with the regulations and they were stored securely. There is a policy and standard operating procedure in place to ensure that records are archived appropriately. Arrangements for additional off-site storage were in place at the time of inspection.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not esnure that the management systems in place were effective at ensuring that the service provided was safe, appropriate, consistent and effectively monitored.

- A number of immediate and urgent risks were found on the day of inspection which had not been identified by the provider's auditing system and consequently had not been addressed. For example immediate fire safety risks such as inappropriate storage of oxygen in an overstocked and unventilated treatment room, or defective closure systems of fire doors in high risk areas such as laundry.
- The oversight of service required to be strengthened. At the time of the inspection, the overall staffing quota of senior nurses did not facilitate sufficient support for the person in charge with monitoring and overseeing the centre. Furthermore, given the high levels of staff turnover in the centre, enhanced supervision of staff at all levels was required to ensure staff practices were in line with local policies, as further described under Regulation 27 and Regulation 28.
- The registered provider had failed to ensure that premises were appropriately maintained and in accordance with the statement of purpose, as submitted to

the Chief Inspector for the purposes of registration renewal. Inspectors found that one twin bed room which was proposed to be reduced to single occupancy, still contained two beds instead on one. There was only one resident living in that room, however the second bed had not been removed from the room. Staff on the unit told inspectors that were not aware of this change to the occupancy of the room. The bed was removed the same day at the request of the inspectors.

- Not all the action plans from the last inspection had been completed. While a plan was in place in respect of clinical hand wash sinks, a proactive maintenance programme was required in respect of premises and enhanced oversight of environment and staff practices in respect of storage and infection control remained outstanding.
- The complaints policy required review to ensure it reflected the requirements of the regulations.

Judgment: Not compliant

Regulation 3: Statement of purpose

The Statement of purpose contained all the relevant information as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded, investigated and responded to in line with the provider's policy for the centre. The satisfaction of the complainant was recorded prior to closing any complaint.

The complaints policy was reviewed by the inspectors. The designated officer for complaints and concerns is the person in charge. The nominated person to oversee complaints is also the person in charge. However, these are two distinctive roles which cannot be undertaken by the same person. In addition the policy still contained the name of the previous person in charge and required updating.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies were available for inspection; All were updated within the time frame as set out by the regulations. The complaints policy required updating as covered under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were generally well cared for and supported to live a good quality of life in the designated centre. However, significant improvements were required in key areas of quality and safety such as premises, fire safety, infection prevention and control and residents' rights to ensure residents' safety was promoted and maintained at all times. Inspectors acknowledged that the provider had made good progress and improvements to achieve compliance in areas such as Individual assessment and care plans and food and nutrition.

A selection of care plans were reviewed by inspectors. Pre-admission assessments were completed by the person in charge or deputy, and care plans were initiated within 48 hours of admission. They were found to be very detailed, comprehensive and person-centred. Care plans were updated whenever there was a change in the resident condition. Residents' rights care plans were seen to be detailed and care plans for those with restrictive practices (such as bed rails), safeguarding and end-of-life care plans were sufficiently detailed to guide staff.

Residents' general practitioners (GP's) made site visits on a regular basis and all residents were reviewed within a four month time frame. There was evidence that residents had access to all required allied health and social care professional services and inspectors saw that a variety of these practitioners were involved in caring for the residents.

A record of visitors was maintained to monitor the movement of persons in and out of the building to ensure the safety and security of the residents.

Ancillary facilities were available such as dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment. The housekeeping staff who spoke with the inspectors were knowledgeable and were able to describe the cleaning process to the inspectors. Their housekeeping trolleys and equipment were organised and clean. Overall the environment was clean.

The infrastructure of the laundry supported the functional separation of the clean and dirty phases of the laundering process. Lines had been placed on the floor to indicate the flow through the laundry room. Automatic chemical dispensers were in use in the laundry to ensure the correct amount of detergent was used. Large trolleys with individual drawers dedicated to individual residents were in use to separate freshly laundered clothes prior to returning them to the residents' rooms.

The laundry was observed to be clean and organised.

Some maintenance work appeared to be reactive rather than proactive as observed, for example the damaged or missing sealant strips on many fire doors. Furthermore, inspectors were not assured that there was a proactive culture of reporting faults and broken equipment as a number of privacy door locks were missing from communal toilets or the hydrotherapy room which had not been reported by staff. This had a significant negative impact on residents' rights, including privacy and dignity and had not been appropriately identified and acted on. The management team informed inspectors that a recent audit had identified some of these issues such as the missing sealant strips on the fire doors, but inspectors observed that these preventative maintenance jobs had not been prioritised following the environmental audits.

A number of issues were identified under Regulation 28 Fire Protection as detailed below. However inspectors acknowledged that a lot of work had been completed in the centre in order to bring it into compliance with this regulation, and an action plan was in place to rectify many of these issues.

Regulation 12: Personal possessions

Residents had adequate storage in their bedrooms to store their clothes and personal possessions. Lockable cabinets were available for the residents to use. Wardrobes were organised and neat.

Laundry facilities were available on-site and the residents were satisfied with this service. Residents' clothes were labelled to prevent loss and they could also have family members take clothing for laundering if they chose to do so.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre were appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. The statement of purpose indicated that there were 102 beds for re-registration purposes. However the inspectors found two beds in a single room. There was only one resident in this room at the time of inspection and staff in the unit, were not aware of the changed occupancy status of that room. The second bed was removed on the day as part of an immediate action plan issued to provider.

Although the premises was found clean overall,the following issues did not meet

Schedule 6 requirements:

- Premises were not well-maintained in all areas and despite some refurbishment work carried out on the day of inspection, the inspectors were not assured that an active preventative maintenance programme was in place and that the system for reporting faults was effective.
- Overall there were some signs of wear and tear to paintwork and flooring.
- Storage arrangements required review, for example on one unit, cardboard boxes containing disposable urinals were being stored on the floor in the medication room. Items of residents' equipment were also being stored in this room instead of in the equipment storage rooms, posing a cross-contamination risk. Toiletries were being stored in both the medication room and storage room, and the hydrotherapy room was used as a storage facility. A communal assistive device such as hoist, which was used for multiple residents was being stored in a resident's en-suite shower room.
- Some communal toilets and the hydrotherapy room did not have working locks on the doors. Assurances were given by the management team that these would be addressed as a priority and confirmation that the locks were addressed was received shortly after the inspection.
- A thermometer and appropriate ventilation was required in the medication room to allow for temperature monitoring of this room ensuring appropriate storage temperatures for medications.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents informed inspectors that there was a good choice of food available to them. The food served to residents was hot and appeared appetising and nutritious. The consistency of the food served to residents was reflective of that referred to in their nutritional assessment and this information was available to the catering and healthcare staff in the dining room. Water and a glass was available in all residents' rooms visited by inspectors.

Judgment: Compliant

Regulation 27: Infection control

While improvements were noted since the last inspection, they were not sufficient to ensure full compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Enhanced oversight of staff practices and further action was required in respect of the following areas;

- Hand-wash sinks were not as per national guideline specification. However the management team informed the inspectors that the new sinks were on order and would be replaced soon.
- Some sharps bins labels were not completed for traceability purposes and the temporary closure mechanism was not engaged on all sharps bins to ensure the safety of the users. Furthermore, some sharps bins were not wall mounted and found stored on the floor, posing a health and safety risk.
- Items of equipment were found to be dirty including a nebulizer, a suction machine and tubing causing the potential for cross-contamination in contravention with the provider's own policy for the centre, on the cleaning and decontamination of equipment.
- Nebulizer masks were not replaced in line with the manufacturer's recommendations increasing the risk of contamination.
- Used staff uniforms were found hanging in the changing rooms creating the potential for cross-contamination; this practice was not in line with local uniform policy.
- Inappropriate storage of residents' equipment in bathrooms and the treatment room creating the potential for cross-contamination.
- The staff use of Personal Protective equipment (PPE) was inconsistent as more than five staff were observed at various points throughout the day with face masks below their nose or not wearing their face masks correctly.
- Water for irrigation bottles found opened but no date or time of opening recorded to prompt timely disposal and no indication which resident this was used for.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were completed within 48 hours of admission and reviewed within four months as prescribed in the regulations. Care plans were seen to be detailed, person-centred and the monitoring of residents' status was evident.

Judgment: Compliant

Regulation 6: Health care

Good access to a general practitioner (GP) and allied healthcare was evident in the residents' records. There was evidence of a high standard of monitoring of food and fluid intake for some residents and appropriate referrals to dietetics where required. Referrals to physiotherapy, chiropody, and a tissue viability nurse was clear in other residents' records.

Judgment: Compliant

Regulation 8: Protection

Training on safeguarding was available to staff with seven remaining staff scheduled for refresher training. Staff who spoke with the inspector, were aware of what constitutes abuse and were able to tell the inspector of appropriate action that they would take if they suspected or witnessed abuse.

The provider was a pension agent for 11 residents. Records of residents funds were available to the inspectors to review. However, there was no evidence that a separate residents' bank account was in place to effectively safeguard residents' finances. The account name was changed the following day to reflect that it was a resident client account, and evidence of this change submitted to HIQA bringing it in line with the Department Social of Protection guidance.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents privacy was not always upheld as there were no door locks on two communal toilets and the hydrotherapy room, allowing access when a resident was using these rooms. The inspector observed these toilet doors left ajar while in use and staff accessing these toilets without knocking on the door prior to entering.

Protective bibs were placed on residents prior to meal times without asking them if they wanted one or not, in one dining area where inspectors observed the dining experience.

One resident told inspectors that he was unable to access an overhead light due to the position of their bed in the room.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, the complaints procedure and visiting arrangements. A summary of the terms and conditions relating to residence in the designated centre was not included as required by the regulations.

Other information for residents was available on notice boards throughout the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not ensure that adequate precautions were in place against the risk of fire:

- The fire door into the laundry was damaged. The leaf-door closure was broken and a separate bolt had been affixed to the larger fire door to lock it – an immediate action was requested to remove this bolt and this was completed on the day of inspection. However the door still required repair to ensure it closes and sealed correctly.
- The fire door sealant strip was damaged or missing on several doors throughout the facility increasing the ability for smoke to cross the barrier. Not all self-closing devices were in working order. For example, one room's fire door was held open by a chair
- preventing closure in the event of a fire. The inspectors showed this to the person in charge and action was taken on the day to address it.
- Several items of equipment were stored in the stairwell of the stairs. The inspectors asked that these be removed on the day of inspection. However, while these items were initially removed, the inspectors observed later in the day, that some items were once again stored under the stairwells. Enhanced supervision and oversight of staff practices was required in this area.
- Multiple oxygen cylinders and oxygen concentrators were stored in the medication room, but were not in use therefore should be stored in the designated oxygen storage cage outside.
- Although fire drills has been completed the provider had not simulated a full evacuation of the largest fire compartment with the lowest level of staff available. This was identified in the previous inspection.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Cara Care Centre OSV-0000735

Inspection ID: MON-0038436

Date of inspection: 23/11/2022

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • From 1st January 2023, a system has been established whereby environmental and fire safety issues which are identified internally can be escalated and documented for remedial works to ensure a timely and appropriate response. This system will be monitored at the governance meeting from 1st February 2023. • Gas Cylinder Cage Model GS12, awaiting delivery, can accommodate 12 Cylinders (up to Ø 250mm) In rows 3 deep with safety chains to retain cylinders is ordered and pending delivery. • A fire evacuation drill for the largest compartment took place on 5th January 2023 with further evacuation drills booked for Q1 and Q2 2023. • All fire doors have been reviewed by 31st December 2022. Any remedial works identified have been rectified within the specified time frame with all seals replaced. A monthly fire door audit includes further monitoring of the fire doors' effective operating closure and operational condition. Discussed at monthly team meetings and Governance meetings. • Privacy locks have all been repaired/replaced- completed by 24th November 2022. • There is a robust recruitment strategy in place to effectively manage staff recruitment with local, national and international initiatives liaising closely with agencies. By 28th February 2023, 4 CNMs will be in place to enhance supervision of staff practices • A number of staff retention initiatives are underway including flexibility with rostering and annual leave. Career progression with leadership training and options for 2nd and 3rd level educational support is available to staff. • HR clinics with senior HR staff have been established to assist in maintaining an enhanced working environment for all our staff.	

Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • A review of the complaints policy has been completed. The policy and related SOP will be updated by 31st January 2023, to reflect identified appeals / review officers.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A system has been established to ensure that clinical equipment and supplies are ordered and replaced in a timely manner as required- this will be in place from 1st February 2023. • From 1st February 2023, a specific storage solution has been identified for storage of resident equipment and staff have been reminded of the importance of appropriate storage and use of resident specific items and the importance of decluttering regularly- this will be monitored and audited by the clinical nurse managers. • Privacy locks on the hydrotherapy room and shared restrooms have been restored by 31st January 2023. • From 1st February 2023, a weekly facilities audit as well as maintenance spot checks are carried out and actions required communicated with PIC and Household Manager • From 31st January 2023, a daily audit/checklist is in place and urgent actions are discussed with the PIC/ADON • By 31st March 2023, a schedule of planned works i.e. painting, replacement of the flooring in several communal spaces and bedrooms will be in place • From 1st January 2023, a daily system to monitor room temperatures in all areas where medication is stored, has been established. Weekly compliance with this system is being monitored through audit by the clinical managers.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • From 1st February 2023, the ADON/DON conduct weekly walk around audits/checklists to ensure that staff practices are supervised and are in line with policy and best practice. This will specifically review sharps management, waste management, decontamination and storage of resident specific equipment and PPE use • From 31st January 2023, the Household Manager conducts weekly spot checks to	

ensure that employees are hanging dirty, worn-out uniforms in the changing area. The findings are reviewed and discussed at weekly team meetings
• "The IPC Challenge Program" was initiated in December with tool box talks focusing on IPC policy and procedures, staff training on the use of personal protective equipment, point of care risk assessments, hand hygiene moments /techniques and walkabout with staff to identify IPC risks
• Additional hand washing sinks will be installed throughout the centre by 31st March 2023.
• An enhanced suite of clinical audits for ensuring more robust IPC practices (including single use/single patient items, hand hygiene and appropriate PPE use) commenced from 1st January 2023 with training provided to the DON, ADON & CNMs.
• Audit results will be monitored and overseen monthly at the governance meeting from 1st February 2023.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• The account name was changed following the inspection and is now in accordance with Department of Social Protection guidance.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Privacy locks have been reviewed and repairs completed by 24th November 2022.
• From 1st January 2023, daily observations of care practices by the PIC, ADON & CNMs includes supervision of the mealtime experience to ensure that the rights and dignity of each resident is maintained. Any improvements identified are addressed immediately.
• From 1st January 2023, on at least a three-monthly basis, a resident council meeting is held, where residents are encouraged to provide feedback on the dining experience; they are consulted on menu and choices and these meetings are documented and learning is shared across departments to support improvements for residents. Escalation of issues will be monitored at the monthly governance meeting.

Regulation 20: Information for	Substantially Compliant

residents	

Outline how you are going to come into compliance with Regulation 20: Information for residents:
• The Residents Guide is currently under review to include pertinent information from the contract of care. Relevant changes identified from the review will be incorporated into the Residents Guide by 31st March 2023.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• From 1st January 2023, a system has been established whereby environmental and fire safety issues which are identified internally can be escalated and documented for remedial works to ensure a timely and appropriate response. This system and any issues identified will be monitored at the monthly governance meeting from 1st February 2023.
• A fire evacuation drill for the largest compartment took place on 5th January 2023 with further evacuation drills booked for Q1 and Q2 2023.
• All fire doors have been reviewed by 31st December 2022. Any remedial works identified will be rectified by 31st January 2023.
• From 1st February 2023, a weekly fire inspection audit is conducted by the facilities team to ensure that fire doors are in good working order and that oxygen cylinders are stored appropriately. Results of these audits are monitored and reviewed at monthly governance meetings from 1st February 2023
• An alternative space for more appropriate and safer storage of equipment that were stored under the stairwell has been identified and is in use from 31st January 2023
• Daily flushing of all taps and showers in vacant rooms, including weekly flushing of occupied rooms is in place from 31st January 2023
• Scheduled water testing, water temperature checks and water storage tank and boiler temperature checks are in place from 31st December 2023

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	01/01/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the	Substantially Compliant	Yellow	31/03/2023

	designated centre concerned.			
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.	Substantially Compliant	Yellow	31/03/2023
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	28/02/2023
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	31/03/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and	Not Compliant	Orange	31/01/2023

	building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	28/02/2023
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.	Substantially Compliant	Yellow	24/01/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	05/01/2023
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.	Substantially Compliant	Yellow	31/01/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to	Substantially Compliant	Yellow	24/11/2022

	protect residents from abuse.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	24/11/2022