



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

## Issued by the Chief Inspector

Name of designated centre:	Moorehall Lodge Drogheda
Name of provider:	Moorehall Healthcare (Drogheda) Limited
Address of centre:	Dublin Road, Drogheda, Meath
Type of inspection:	Unannounced
Date of inspection:	21 January 2021
Centre ID:	OSV-0000737
Fieldwork ID:	MON-0030870

## About the designated centre

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

The designated centre provides twenty-four hour support and nursing care to 121 male and female older persons, requiring both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite) care. The philosophy of care adopted is the "Butterfly Model" which emphasises creating an environment and culture which focuses on quality of life, breaking down institutional barriers and task driven care, while promoting the principle that feelings matter most therefore the emphasis on relationships forming the core approach. The 'household model' has been developed to deliver care and services in accordance with the philosophy. The designated centre is a purpose-built three storey building situated on the outskirts of a town. It is divided into households; Rosnaree and Newgrange households, located on the ground floor, Millmount and Mellifont households situated on the first floor and Oldbridge and Beaulieu households on the second floor. Each household has its own front door, kitchen, open plan sitting and dining room.

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

Number of residents on the date of inspection:	114
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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 21 January 2021	10:00hrs to 16:00hrs	Naomi Lyng	Lead
Thursday 21 January 2021	10:00hrs to 16:00hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

The one day unannounced inspection was carried out during a time when the designated centre was experiencing a significant outbreak of COVID-19, and therefore inspectors limited their movement throughout the centre in line with COVID-19 restrictions. The inspectors spent time on the Rosnaree, Newgrange and Beaulieu households, and communicated with 14 residents living in these households. It was clear from what residents told the inspectors and from what inspectors observed, that the centre was usually a very good place to live. However, it was evident that the designated centre was in a state of crisis at the time of inspection, and that significant staff shortages due to COVID-related illness or a requirement to self-isolate, and temporary changes to the management team had had a negative impact on the quality and safety of residents' lives in the centre.

Residents shared how the COVID-19 pandemic had affected their lives with the inspectors. One resident spoke of how she greatly missed her family, but was happy that everyone was safe and well. Another resident described the pandemic as an "awful time", and was frustrated with the visiting restrictions that were in place in line with public health guidance. Other residents spoke of the boredom and loneliness they experienced, and the desire to return to their usual activities and excursions outside of the centre. Most of the residents who spoke with the inspectors reported that they felt safe in the centre, and that staff were helpful in keeping them aware of the changing public health guidance. A number of residents spoke about the excitement and relief of having received their first dose of the COVID-19 vaccine. One resident proudly showed off his bandaged arm where he had received the vaccine to the inspectors, and said that it had given him a new sense of hope for the future.

The designated centre was a large three storey building, and was divided into six households. Inspectors observed that the design and layout of the centre promoted a good quality of life for residents. Each household had its own "front door" entrance, and access to varied communal areas including sitting rooms, kitchenettes and dining areas. Residents also had access to a garden on the ground floor, and balcony areas on the middle and upper floors, ensuring they had access to fresh air when they wanted. All bedrooms in the centre were ensuite, and were observed to be bright, comfortable and personalised with residents' belongings. However, while there was a good variety of communal areas in the centre, inspectors observed that a small communal sitting area in one household unit was not available for resident use as it was being used to store boxes of personal protective equipment (PPE).

The centre was generally observed to be clean, and housekeepers communicated with on inspection were knowledgeable in their role. Some residents were observed wearing face masks as they moved around the centre, and staff were observed encouraging residents to follow appropriate hand hygiene and cough etiquette. Inspectors observed sufficient levels of PPE available for staff and resident use, and there were appropriately placed wall mounted hand sanitisers available. However,

the inspectors observed some infection prevention and control (IPC) issues that required review on the day of inspection. For example, communal bathrooms were observed to be used by staff as changing facilities in three of the household units. Staff explained that this was a temporary measure, and that residents were not currently using the bath facility as they had access to a shower in their own ensuite facility. However, there was insufficient signage in these areas and the inspectors observed they were not consistently maintained in a secure, tidy and sanitary manner. Further observations in relation to IPC are discussed under Regulation 27: Infection Control.

The designated centre was based on the household model of care, where residents were encouraged to participate in the usual events and tasks of day-to-day life in each of the households. However, inspectors observed that there was limited access to stimulating, meaningful activities in three of the households on the day of inspection. One staff member reported that an activity schedule was not available on that day due to the reduced staffing available. Residents were observed watching television, reading the newspaper and walking around the household as they wished. One resident reported that "there was usually loads to do", and spoke about the crafts and artwork she had previously completed with staff assistance. Other residents reported that they were bored, and there was "nothing on" to help them pass the day in an enjoyable way. One resident reported that staff chatted with her as they brought her meals and tidied her room, but that she spent most of her time looking out the window as she was not interested in the television programmes available and had not been offered alternative activities to partake in. This is further detailed under Regulation 9: Residents' Rights.

The inspection was carried out when there was national "Level 5" restrictions in place, and the centre was observed to be in compliance with "*COVID-19 Guidance on visits to Long Term Residential Care Facilities*". Compassionate visits were observed to be facilitated when required, and systems were in place to ensure that visitors were screened appropriately prior to entering the centre, and were supervised with donning and doffing of personal protective equipment (PPE). Residents were observed to have access to phones, wifi and tablet devices in order to maintain contact with their loved ones.

Inspectors observed residents receiving their lunch in their own bedrooms, or seated two metres apart in the dining areas. A pleasant, relaxed atmosphere was promoted with gentle music playing in the background, and staff were observed assisting residents in a quiet and respectful manner. Residents told the inspectors that the choice and quality of the food served was good, with one resident reporting that it was hot and "very nice." A choice of refreshments and snacks was available at all times in the household kitchenettes, and staff were observed bringing a resident a cup of tea when she requested one.

Staff were observed to be friendly and respectful in their interactions with residents, and were observed knocking on residents' bedrooms doors before entering. Residents reported that staff were kind and caring, and one resident reported that staff helped to cheer her up when she was missing family and friends. Some residents reported that while staff were very helpful, they sometimes felt they had

to wait too long for assistance. For example, one resident who was trying to alert staff by calling out from her bedroom told the inspector she had been “waiting an age” for assistance. Staff were observed to attend to the resident after a couple of minutes, when they had finished assisting other residents with their care needs. The inspectors also noted that on one unit, call bells took a significant amount of time to be answered and observed that on another unit, phonecalls were not consistently answered by staff on the day of inspection.

The inspectors observed postbox-style suggestion boxes at the entrances to each of the household units, and the complaints policy was clearly displayed in the centre. Residents told the inspectors they knew how to make a complaint, and one resident reported that she “had no complaints at all – it’s just excellent here”. From a review of the complaints records, inspectors observed that two residents had expressed concerns in October 2020 in relation to having to wait long periods for staff to provide assistance with their needs. Another complaint received in December 2020 was in relation to perceived staffing shortages at the time and reduced access to activities. The inspector observed that these complaints were investigated promptly by management and that the complainants were recorded as being satisfied with the outcome.

In summary, this was a centre with a good history of providing quality care and support to residents. However, on inspection it was found to have been negatively impacted by significant staff shortages, which impacted the centre's ability to manage the COVID-19 outbreak and ensure residents were enabled to lead a good quality of life during this difficult time.

## Capacity and capability

This risk inspection was triggered by unsolicited information received by the inspectorate in relation to a concern regarding the staffing levels in the centre, and the negative impact this had on the ability of the centre to meet the needs of residents during the COVID-19 outbreak. The designated centre had notified the inspectorate of the COVID-19 outbreak on 11 January 2021, and had provided daily updates of suspected and confirmed residents and staff. From communication with the centre, the inspectorate had become aware of temporary changes to the management structure at the time and significant staff shortages, and had not received sufficient assurances that the centre was in compliance with *"Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities."*

Moorehall Lodge Drogheda is operated by Moorehall Lodge Drogheda Ltd, of which there are two company directors. One of the company directors was acting as the registered provider representative. The designated centre's registration end date is 06 June 2021 and the regulations require providers to apply to renew registration of centres six months prior to the end date. At the time of inspection, the application to

renew registration of Moorehall Lodge Drogheda had not been received from the provider.

The centre had a good history of compliance with the regulations. An inspection carried out in 2019 found areas of non-compliance in staffing, residents' access to meaningful activities and risk management, including fire hazards. However, the subsequent inspection carried out in 2020 showed that the centre had been responsive and proactive in meeting the regulations and, with the exception of substantial compliance in fire precautions, was compliant with all regulations. Inspectors observed that on this inspection, a number of areas required improvement including staffing, training, governance and management, residents' rights, infection control, risk management and fire precautions. These are detailed further under the relevant regulations in the report.

There was a management structure in place and this consisted of the registered provider representative (RPR), person in charge (PIC) and two care managers. This team was supported by human resources staff and a recently appointed resident relationship manager who was a qualified nurse responsible for the management of prospective residents, and provided support and mentorship to newly appointed staff. At the time of inspection, a care manager was deputising for the PIC, with the sufficiently experienced relationship manager providing support on-site. Inspectors observed that on the day of inspection, this management team was required to spend a significant period of time in the office liaising with agencies in order to ensure staffing rosters were covered for the coming night shift and following days.

On the day of inspection, 21 residents were confirmed to have COVID-19, and 20 further residents were being tested for the virus across two households. The provider ensured that all residents had access to medical input, and inspectors observed that residents were being transferred to acute hospital appropriately when required. Inspectors were informed that 20 staff were COVID-19 confirmed, and 11 further staff were on COVID-19 related leave due to symptoms or a requirement to self-isolate. In an effort to address these acute staff shortages, a high number of agency and redeployed health care executive (HSE) staff had been redeployed to the centre and were assisting the permanent staff to care for the residents. In addition, staff had been re-located from another centre owned by the provider, and one nurse had returned to work using the derogation process. This assured inspectors that there were enough nursing and care staff on duty to meet the healthcare needs of residents. However, it was evident that these staff did not know the residents well, and therefore a person-centred approach to care delivery was not possible. The management team held an outbreak management meeting each morning, and was in daily contact with the public health team as required.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for renewal of registration of Moorehall Lodge Drogheda, and the accompanying fee had not been received by the Chief Inspector six months prior to

the expiry of the current registration.

Judgment: Not compliant

### Regulation 15: Staffing

Inspectors were made aware of a number of vacancies in the centre which had not been filled at the time of inspection. This included 16 healthcare assistants, 2 housekeeping staff and .77 catering staff. Inspectors observed that these vacancies had a significant impact on the centre's ability to manage the COVID-19 outbreak. For example, on the day of inspection, inspectors observed that there were insufficient housekeeping staff on duty to ensure that staff could be designated to a single household unit and therefore reduce the risk of transmission of the COVID-19 virus. Inspectors were informed that one member of the house keeping staff was doing a double shift, and that this person was working in one unit for one shift and another unit for the second shift. On review of the actual worked rosters in the centre, the inspectors observed that there had been insufficient staff nurses available to prevent the movement of staff between COVID-19 and non-COVID-19 areas, and to ensure that there was designated staff available for COVID-19 confirmed residents. Inspectors were also made aware that some homemakers had been required to assist with health care assistant tasks and duties, therefore limiting their ability to provide meaningful activities and stimulation for residents to ensure they were able to have a good quality of life at this time.

Judgment: Not compliant

### Regulation 16: Training and staff development

From a review of training records maintained in the centre, the inspectors observed that there were some gaps in mandatory training completed by staff. This included management of responsive behaviour, safeguarding of vulnerable adults, and manual handling. Inspectors were made aware by the provider that this was due to the difficulty in obtaining formal onsite training during the COVID-19 pandemic. However, interim measures such as online training, had not been put in place to ensure all staff were up-to-date with necessary training and development. In addition, there were no records of wound care training for staff nurses available for inspectors to review.

Inspectors observed that staff were not appropriately supervised on the day of inspection, and this was reflected in the inconsistent compliance with PPE and uniform policy observed among some staff members.

Judgment: Substantially compliant

### Regulation 23: Governance and management

On the day of inspection, the person in charge and deputising person in charge were unavailable to work, and further deputising arrangements had been made with the inclusion of the relationship manager, who had previously worked in a PIC role, providing support. However, deputising arrangements were not in place for the nominated infection prevention and control (IPC) lead, and this role was not filled on the day of inspection.

As discussed under Regulation 15: Staffing, there were insufficient staffing resources in place in the centre to ensure delivery of care in accordance with the centre's statement of purpose. Despite this, inspectors observed that a new respite admission had still been received in the designated centre on 8 January 2021.

The oversight of risk management required improvement to ensure all potential risks in the centre are identified, and appropriate controls are in place to control these risks. For example, the inspectors observed a number of risks that had not been addressed by staff on the day of inspection including:

- open razors observed in a communal bathroom
- unsecure storage of prescription nutritional supplements on an open corridor
- unsecure chemical storage in an area where a resident was observed to wander
- a first aid kit stored in a utility sink

The management systems in place were not robust and did not ensure all areas requiring improvement in the centre were addressed in a timely manner. This includes infection prevention and control, staffing, staff training and development, and fire safety, and these are addressed further under the relevant regulations.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place that met the legislative requirements. Inspectors reviewed the complaints received since the last inspection and saw that they had been managed in line with the the centre's policy.

Judgment: Compliant

## Quality and safety

Overall, residents were being provided with a good standard of care and their needs were being met through good access to healthcare services. However, the inspectors found that immediate improvements were required in the management of infection prevention and control, fire, residents' rights and risk management.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's dependency level, risk of malnutrition, falls and their skin integrity. A care plan was developed following admission and those in place reflected the assessed needs of the resident. They were updated routinely within a four month time-frame, and more frequently if required, for example following assessment by an allied healthcare professional. Inspectors noted residents involvement in their care plans, which were person-centred and reflected the individual care preferences of each resident. There was evidence that the next of kin of residents were kept informed of their health status where appropriate and if the resident wished. For example, there was evidence that the next of kin of residents who had tested positive to COVID-19 were being contacted daily and given an update on the residents' status.

Inspectors saw that the COVID-19 vaccination had been discussed with each resident and they had been assisted to make an informed decision about receiving the vaccination being offered. Their decision was recorded in their file. Inspectors observed that there was good uptake of the vaccination among residents and staff in the centre.

Residents had access to their general practitioner (GP) and allied healthcare professionals if and when required. For example, inspectors reviewed a sample of records of residents who were confirmed COVID-19, and these records showed they had been reviewed by their GP since testing positive. Inspectors observed a tissue viability nurse in the centre assessing residents with wounds on the day of inspection.

The provider had systems in place to manage and control risks in the centre. There was a risk management policy in place which reflected the requirements of the regulations. For example, specific risks as outlined in the regulation such as aggression and abuse, and associated measures and actions to control these risks were included. The risk policy also outlined procedures for the management and reporting of non-serious and serious incidents at the centre. However, the risk register reviewed did not reflect all the risks identified by the inspectors on the day of inspection, and there was no evidence of any action plan in place to reduce or mitigate these risks. The risks identified had the potential to have a negative impact on the quality of care being delivered to residents, for example the movement of housekeeping staff across more than one household unit in one day and the potential transmission of the COVID-19 virus as a result. This is discussed further under Regulation 26: Risk management.

The provider had introduced enhanced infection control measures in the centre as a result of the COVID-19 pandemic. This included twice daily monitoring of staff and resident temperatures and symptoms, and inspectors observed evidence of same. There was clear signage on resident bedrooms where the resident was in isolation due to suspected COVID-19 or in line with the centre's admissions policy. There was evidence of daily cleaning of resident bedrooms, communal areas and equipment, however records of twice daily cleaning of frequently touched surfaces were not available for review. Areas identified as requiring improvement are detailed further under Regulation 27: Infection Control.

The centre had been found substantially compliant in relation to fire precautions on the previous inspection, and inspectors observed that some areas of non-compliance had been addressed. For example, a fire certificate reflecting the additional rooms was submitted to the Chief Inspector in April 2020. Evacuation pathways had been completed through two gardens on the ground floor, and updated fire plans for locating residents in the event of a fire were available. In addition, inspectors were informed that fire evacuation sheets were insitu under the mattress of each bed in the centre, and the inspector saw evidence of this in a vacant bedroom. However, further areas which required improvement to ensure residents were safe in the event of a fire were identified on this inspection and are listed under Regulation 28: Fire Precautions.

### Regulation 26: Risk management

The provider maintained a risk register in the centre and it had been updated in August 2020. However, some risks identified on this inspection were not included in the risk register. For example:

- the risk associated with the high number of staffing vacancies in the centre
- staff member was working across two household units, which was not in line with the centre's COVID-19 contingency plan

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspectors identified a number of infection prevention and control (IPC) areas which required improvement on the day of inspection, including:

- inconsistent staff compliance with the centre's uniform policy and Personal Protective Equipment (PPE) guidance
- use of communal bathrooms in household units as staff changing facilities required improvement to ensure they were appropriately clean, tidy and signposted

- staff personal possessions stored in clean utility areas
- equipment cleaning required improvement, for example three hoists across two household units were observed to be unclean, a safety mattress was stored on the floor of a communal bathroom and was observed to be stained and dusty
- PPE storage required improvement to minimise the risk of cross contamination
- insufficient pedal operated waste bins available in housekeeping facilities
- storage of hoist slings was not in line with infection control standards
- access to a staff wash hand basin in a utility area was blocked
- inspectors observed that formal communication systems were not in place to ensure that all relevant staff, for example the laundry team, were updated on the COVID-19 status of household units
- a utility area in one unit did not have sufficient storage and was not maintained in a clean and sanitary manner

Judgment: Not compliant

### Regulation 28: Fire precautions

The following issues required further review and are issues being brought up on a second consecutive inspection:

- storage of equipment and residents' belongings under the open stairwell on the ground floor
- long-standing malfunctioning fire door leading to a communal sitting room which had not been identified on the weekly fire door check
- fire doors observed being held open by furniture across three household units

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans reviewed by inspectors were observed to be comprehensive and person-centred, and met regulatory requirements.

Judgment: Compliant

### Regulation 6: Health care

Residents in the designated centre were observed to have good access to GP and allied healthcare services.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors observed that there was limited opportunities for residents to participate in meaningful activities in accordance with their interests and capacities on the day of inspection, and this was reflected in feedback from residents.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Moorehall Lodge Drogheda OSV-0000737

Inspection ID: MON-0030870

Date of inspection: 21/01/2021

## 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
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>The application to renew was submitted late because of the nature of the Covid-19 outbreak in the centre which impacted negatively on the management capacity during this time. All required paperwork and submissions now in place to ensure completion of application to renew.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>At the time of the inspection, maintaining staff levels was significantly challenging due to Covid-19 outbreak experienced at the time in the centre. We have in place a very active recruitment campaign to attract new staff. We have placed additional resources into our recruitment team to manage this process.</p> <p>The centre's contingency plan was further updated since the inspection with reassignment of roles should staffing levels reduce. Reassignment includes IPC deputies, and homemakers assigned to carers role.</p> <p>We recruited a housekeeping lead, due to commence employment week commencing 18th April 2021.</p> <p>Recruitment performance is monitored weekly and reported into the wider group governance structure to Group CEO level to monitor progress.</p>	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training plan delivery was negatively impacted by the Covid-19 outbreak. On the day of the inspection, our training record matrix was submitted to the inspectors. However because of sickness and/or resources being redirected as per our contingency plan, it was not updated which resulted in the gaps reported on the day of the inspection. Since the inspection we reviewed our training matrix, training plan and gaps leading to a revision of the training plan delivery timescales.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The full management team is now back in place. Since the inspection we also commenced recruitment of Household Clinical leads, each with 8-12 protected hours per week. This additional capacity will strengthen the centre's management capability to improve supervision and oversight of care, quality and risk management at a household level.</p> <p>From the 22nd January 2021 quality and risk audits recommenced to pre outbreak levels. A quality improvement plan is in place to address the specific areas highlighted during the inspection and it is monitored weekly by the PIC and monthly by the RPR.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>During the outbreak and impact of the absence of senior members of the team due to sickness, the centre focused on prioritising it's risk management approaches.</p>	

Since the inspection, reduction of staffing is now entered onto risk register with reference to reviewing admissions policy at times of such staff shortages.

Housekeeping staff are assigned to an individual household only.

Nurses are designed to specific households.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Our IPC Policy and Procedure was reviewed and updated since the inspection. More specifically, those items identified on the day of the inspection have been reviewed and addressed. IPC is a daily priority and discussed at hand over meetings with all staff. Updates and in-house refresher sessions in relation to IPC occur regularly in this centre. In addition, the following has been initiated since the 21st January 21:

Communication to all members of staff reiterating the importance and the requirement that scrubs are not to be worn outside of the premises and must be removed when leaving the premises.

A tagging system for recording cleaning of items and equipment commenced on February 17th 2021.

A review of our housekeeping training and processes completed with new training rescheduled for Wednesday 07th April 2021.

Housekeeping staff now store their personal possessions are now stored in a designated area for the household.

Designated staff changing facilities are in place for staff with separate entry and exits in place. This procedure is communicated regularly to all existing staff and forms part of local induction for new staff.

Pedal operating waste bins are available in all housekeeping facilities with hoist slings now stored appropriately ensuring that they are not touching the floor.

The care manager on duty communicates with laundry staff at the beginning of each duty to communicate any residents with confirmed or suspected transmissible infection.

Infection control lead and deputy identified for each household.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Unfortunately during the outbreak, we needed to prioritise space usage to accommodate PPE stocks and implement IFC measures. As a result, some non personal resident property was located under stairwells awaiting collection by families. Since the 21 January 21, this practice ceased and these areas are now clear.</p> <p>Since the 30th March 2021, we have implemented a new computerized system for recording and requesting maintenance inputs. This ensures prompt and efficient response to address any faulty items. The method of reporting also includes risk rating so that priority to works needing completing are prioritized. The fire door identified on the day of the inspection was rectified on the 22nd January 21.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Due to reduced staffing levels during the outbreak, the centre prioritised and refocused its resources to ensure the safety of residents. As a result, our normal household-based activities were disrupted.</p> <p>Since the 21st January 21, each resident has a individual social and recreational careplan which includes meaningful activities that are individual for them.</p> <p>Each household has an individual social and recreational planner that is prepared weekly in conjunction with the residents via house meetings/learning circles.</p> <p>As part of our ongoing Quality Improvement plan Social and recreational audits are scheduled and will be completed by week ending 04/04/2021.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	10/02/2021
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule	Not Compliant	Orange	10/02/2021

	2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered provider.			
Registration Regulation 4 (2) (b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person in charge or intended to be in charge and any other person who participates or will	Not Compliant	Orange	10/02/2021

	participate in the management of the designated centre.			
Registration Regulation 4 (3)	The fee to accompany an application for the registration or the renewal of registration of a designated centre for older people under section 48 of the Act is €500.	Not Compliant	Orange	10/02/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	02/03/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/02/2021
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	Not Compliant	Orange	02/03/2021

	the statement of purpose.			
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.	Substantially Compliant	Yellow	02/03/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	01/03/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	01/03/2021
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	Not Compliant	Orange	01/03/2021

	Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	22/01/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	22/01/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/04/2021