Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Cluain Lir Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Old Longford Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	03 September 2019
Centre ID:	OSV-0000739
Fieldwork ID:	MON-0024417

About the designated centre

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

Cluain Lir Community Nursing Unit is located on the outskirts of Mullingar and is within close proximity to the regional general hospital and the town centre. The centre is a modern two storey premises. Inny Unit is located on the first floor and Brosna unit is located on the ground floor. Each unit accommodates 24 residents in 20 single and two twin bedrooms. All residents' bedrooms have en-suite facilities. There are enclosed, safe external grounds for use by residents on each floor level. The provider states in their statement of purpose and function that Cluain Lir Community Nursing Unit residential services provides continuing care to 48 male and female residents with assessed maximum, high, medium and low dependency needs. The service strives to provide care to residents and their families in a respectful, caring manner. The provider aims to deliver a high quality standard of care, both physical and psychological using a person centred approach. The designated centre's stated philosophy and motto is to 'add life to years when you cannot add years to life'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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
03 September 2019	08:30hrs to 17:30hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

Residents who spoke with the inspector said they were happy living in the centre and were satisfied with the service provided and the care they received. Residents felt that staff were approachable, kind and respectful to them. All residents said that they felt safe in the centre and that staff were prompt to answer the call bells and respond to their needs. Some mentioned that they would like more activities and stimulation as the day could be very long in the centre.

Residents were complimentary about the food that they were served. They said that their choices in relation to food, assistance with their activities of daily living and the time to get in and out of bed were respected by staff.

Residents and relatives who communicated with the inspector were aware of the complaints process and reported that they would communicate with the nurse in charge if they had any issues of concern.

Capacity and capability

Overall, this centre provided a good and valued service to the 48 long term residents it accommodated. While there were good governance and management structures in place further improvements were required in relation to staffing, residents' daily activities, policies and procedures, contracts of care and risk management to ensure the service provided continued to be safe and of good quality.

All action plans identified in the previous inspection had been acted upon. A new large communal area had been built (the Brosna unit) for the benefit of the residents living on the ground floor of the centre. There were clear efforts to move towards a restraint-free environment with the number of bedrails in use decreasing and alternatives trialled and documented before their use.

One of the findings from the previous inspection was that the allocation of staff required review to ensure residents had sufficient access to meaningful activities to meet their social care needs. The inspector was satisfied that this action had been completed. However the new system did not assure the inspector that it met each residents' individual social care needs as stated in the statement of purpose. Although a distinct shift had been added to the duty roster allocating a healthcare assistant to be in charge of the activities programme each day, this role was not clearly defined. For example the role also included assisting residents with personal care and assisting residents at at mealtimes.

In addition the designated activities role was allocated on a rotational basis to all healthcare assistants, regardless of their abilities, skills or expertise in meaningful social engagement. Three staff had been trained in activities programme such as Sonas therapy (a programme of therapeutic activity, especially for people with dementia), however this was not scheduled on a regular basis and had not taken place in more than month. Consequently, further consideration of staff allocation and development was required given that most staff did not have the required skills and training in activities and there was no identified activity coordinator staff to oversee and plan structured activities in accordance with residents' preferences. This is discussed further on in the Quality and Safety section of the report.

At the time of inspection there were four vacancies for staff nurses. The inspector was satisfied that contingency plans had been put in place and the risk had been appropriately mitigated and repeatedly escalated via the active risk register. Where required, regular nursing agency staff were used to compensate for shortages.

Staff had good access to mandatory and other relevant training and they were sufficiently knowledgeable regarding operational policies and residents care plans. Staff were adequately supervised and the inspector saw evidence that induction, regular appraisals and staff meetings were conducted.

The registered provider is a national provider nominated with statutory responsibility for all Health Service Executive (HSE) older persons services in the Midlands/ Louth / Meath regional area. There had been no changes in the governance and management structure since the previous inspection. There was a clearly defined and experienced management structure in place with identified lines of authority and accountability.

The person in charge was known to the residents and had the required experience and knowledge to manage the centre. She was supported by an assistant director of nursing, a clinical nurse manager and a staff nurse acting in a managerial role at the time of inspection. At governance level, the person in charge was supported by a general manager acting on behalf of the registered provider representative and the recently appointed Older Persons Services manager for the region.

The inspector saw evidence of good service oversight. Minutes were available from various management meetings that occurred on a pre-scheduled regular basis. These included monthly management meetings with the person in charge of the designated centre; quarterly quality assurance meetings with all the persons in charge from associated services within the regional area and monthly meetings with the Older Persons Services Governance group.

The quality of care and residents' experience was monitored on an ongoing basis by management. Effective audit, monitoring and review system were in place to promote the delivery of safe, quality services. Audits were completed on key areas such as falls, pressure ulcers, medicine management, accidents and incidents, end-of-life care, complaints, care plans and infection control.

Risk management and assurance frameworks were in place and a record of incidents occurring in the designated centre was maintained, and where required, notified to

the Chief Inspector of Social Services and to the provider for investigation and follow-up. Where serious incidents or other adverse events occurred (for example outbreak of influenza) the inspector found that there were effective governance arrangements such as a comprehensive auditing system coupled with a robust system for reviewing incidents, near misses and learning from these. This ensured that when something went wrong, the person in charge and the provider were able to maintain the safety and welfare of the residents. Regular quality and safety meetings took place to discuss incidents and accidents and risk management for the centre.

Resident's outcomes were evaluated, satisfaction surveys were completed and regular feedback was sought at the residents' meetings. There was an annual review completed for 2018, which was based on the national standards and outlined the outcomes achieved in the previous year. The annual review required a more robust quality improvement plan where any deficits or improvements planned were documented with appropriate time frames and the details of the person responsible for their enactment.

The directory of residents was up to date and a current insurance policy was in place.

Schedule 5 policies, corporate policies and local procedures were available and regularly reviewed. However not all policies were implemented in practice, which had an adverse impact on the quality of care experienced by the residents living in the centre.

Regulation 15: Staffing

There was at least one registered nurse on duty at all times as confirmed by the person in charge, the statement of purpose and the staff roster. All nurses working in the centre had a valid registration with the Nursing and midwifery Board of Ireland (NMBI).

Adequate contingency measures had been put in place to address staffing vacancies. There was adequate staff numbers during this inspection. However, the allocation of staff and the skill mix required further review to ensure residents had consistent access to meaningful activities of their choice to support their social needs.

There were no volunteers working in the designated centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The established directory of residents was available in electronic format. It was fragmented and it did not provide one complete view of all Schedule 3 requirements. However, the complete and required information was available and had been updated accordingly in a hard copy, which was simultaneously maintained.

Judgment: Compliant

Regulation 22: Insurance

The centre had a current certificate of insurance, which provided cover against injury to residents, staff and public.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified lines of authority and accountability. The quality of care and experience of residents was monitored and developed on an ongoing basis. While staffing required further review, the inspector was satisfied that there were adequate resources allocated to the delivery of service in terms of equipment, facilities and catering arrangements.

Effective audit and management and review systems were in place to promote the delivery of safe, quality care services. Risk management and assurance frameworks were in place. However these needed to improve in relation to the management of ongoing risks and the oversight that was in place in place to ensure that local policies were consistently implemented.

The annual review required further development to include consultation with residents and relatives as per regulatory requirements.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts for residency in the centre was examined. The inspector was satisfied that there was an agreed written contract signed by the resident or their representative which included details of the services to be provided, the fees to be charged. The contracts of care required further development to ensure that each contract contained the room number and the number of

occupants, and that they were signed on admission to the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifiable incidents were brought to the attention of the Chief Inspector in a timely manner.

Judgment: Compliant

Regulation 32: Notification of absence

The provider and person in charge were aware of the need to send in a notification if the person in charge was going to be absent from the centre for a period longer than 28 days.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies as well as other relevant policies and procedures were available. They were centre specific, had been adapted and reviewed within the past three years and provided effective guidance to staff on how to deliver care to the residents.

The inspector found that although most policies were implemented in full, the policy in relation to advanced decision-making and resuscitation was not consistently carried out in practice. The clinical decision-making process regarding residents' expressed end-of-life wishes required alignment with local policy to ensure the service provided was evidence-based. The inspector saw evidence that this issue had already been identified by the person in charge and reported, however at the time of inspection it had not been effectively addressed.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider was clear of the need to set out the arrangements in place when the person in charge was absent for more than 28 days.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were receiving a good standard of care and support. The residents' healthcare needs were met through timely access to medical treatment and good access to allied healthcare services. However, improvements were required in relation to the medical care provided at the end of life, in particular the clinical recording of residents' end-of-life medical treatment plan and residents' involvement in the decision-making process. In addition, improvements were required in respect of providing opportunities for residents to participate in activities in accordance with their interest and capacities and to ensure that residents' social care needs were effectively met.

Staff sought consent for care procedures and were observed to be kind and caring in their interactions with the residents. Residents confirmed that they were offered opportunities to exercise choice and were able to develop and maintain personal relationships with family and friends in accordance with their wishes.

Although activities boards were positioned throughout the centre they were not kept up to date with the daily activities information and as a result the residents did not know what activities were on offer. The inspector observed that the majority of residents retired to bed in the afternoon informing the inspector that there was very little happening in the day. On the day of inspection, only six residents were seen to participate in an afternoon activity. The same activity, in this case watching a movie, was available on both floors at the same time, which did not allow residents sufficient variety to choose from.

A weekly activity participation sheet had been created for all residents where their daily level of engagement was scored. The inspector found that such records required further development to ensure they were person-centred and included comprehensive information about each residents' participation in social care activities. Due to the lack of information about each resident's participation in activities the inspector found that it was difficult to appraise on the day whether the information collected from 'a key to me' assessments was used to inform the activities available for each resident.

Most of the residents who spoke with inspector confirmed that they would like more stimulation and engagement as they found the days were long and boring. They

spoke highly of some of the structured activities organised by the occupational therapist and were looking forward to participating in them.

While the planning, coordination, organisation and documentation of activities required improvement, the inspector was satisfied that staff knew the residents well and that there were facilities available to meet residents' social needs. A Snoezelen room was available for residents who required a low stimuli and relaxing environment. A bus simulator was in the process of being installed that would give residents the opportunity to experience old screen footage travelling.

Residents were supported to participate in the running of the centre with regular residents' committee meetings. The meetings were attended by members of the management team and minutes were available. There was evidence that residents' views and feedback was acted on and used to improve the service.

The inspector reviewed a sample of care plans and found that they contained person-centred information about residents' needs, including their likes and dislikes. Care plans were detailed and guided care. The assessment process used validated tools to assess each resident's dependency level, falls risk, risk of malnutrition and skin integrity. Clinical observations such as blood pressure, pulse, weight and temperature were recorded on a regular basis and informed the nursing interventions. There was evidence that the residents or their representatives were consulted in relation to the care planning arrangements. The centre was in the process of transitioning to electronic records and the staff nurses were being provided with the necessary training before its introduction.

Residents were closely monitored for any deterioration in their health and well-being. For example, residents at risk of unintentional weight loss had frequent weighing and intake monitoring in place. As a follow-up from previous inspection a checklist had been devised to assess for the risk of dehydration. Effective preventative care procedures were in place for residents with assessed risk of developing pressure related skin injuries. Appropriate referrals were made to allied healthcare professionals based on identified needs. Resident's medicines were reviewed on a tree-monthly basis and a pharmaceutical care plan detailed the rationale for the discontinuation of certain medicine.

All staff had received training in the provision of end-of-life care and the centre took pride in presenting their vision for end-of-life care. Person-centred care plans that described residents' end of life wishes were available. The inspector reviewed a sample of care plans and found that residents had contributed their views on how they wished their care to be managed at end of life. These care plans were implemented by the nursing staff. However, there was inconsistent documentary evidence of advanced decision-making processes such as resuscitation preferences. This was not in accordance with centre's own resuscitation policy and not in line with best practice in relation to end-of-life care.

Residents were provided with a varied, wholesome and nutritious diet. Residents' special dietary requirements and their personal preferences were adhered to. Fresh drinking water, snacks and other refreshments were available. The residents spoke

very highly of the food they were served and said there was plenty of choice. This choice was extended to the residents who required modified diets as prescribed by an appropriate professional. The atmosphere in the dining room was relaxed and there was good open communication and engagement between staff and residents. Staff sat with the residents and provided assistance in a discreet manner.

The centre was well-maintained, clean and welcoming throughout. The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs. The centre was safe with appropriate handrails and grab-rails available in the bathrooms and along the corridors. The centre was well-resourced and good signage ensured a positive experience for the residents. All areas in the premise met the privacy, dignity and well-being of each resident's assessed needs.

The inspector observed good infection control practices and hygiene standards implemented by staff during the course of inspection.

The residential service had policies, procedures and arrangements in place to manage risk and protect the residents from harm. The risk register identified the measures in place to minimise the risks identified and a subsequent date to review the controls in place. However, improved supervision and oversight of staff practices was required as a number of hazards were identified throughout the day of inspection. For example, the practice of storing assisting equipment such as hoists and wheelchairs on the corridors posed a trip hazard to the independently mobile residents. The inspector observed that in the afternoon residents could not access a quiet space at the end of a corridor as it was obstructed by a number of wheelchairs parked there even though there were sufficient storage facilities available in the centre.

The inspector found that there were satisfactory fire arrangements and fire precautions in place. Suitable fire equipment was provided and there were adequate means of escape with fire exits unobstructed. The procedures for the safe evacuation of residents and staff in the event of fire were prominently displayed. Personal evacuation plans were maintained and updated for each resident. Staff and records confirmed that they were trained in fire safety and those spoken with knew what to do in the event of fire. A simulated fire drill took place on the day of inspection, which showed that staff were able to safely evacuate a compartment within an appropriate period of time. While several fire drills had been conducted in the previous year, the inspector noted that this was the first fire drill for 2019.

Regulation 10: Communication difficulties

All efforts were made to ensure residents could communicate freely. A number of residents were using communication aids to enable them to communicate effectively. Staff were observed facilitating residents to use these aids during the inspection.

A communication assessment formed part of the initial comprehensive assessment. Each resident with communication difficulties had a person-centred care plan in place which detailed their needs. Accessible nurse call-bells were available in each rooms, toilets as well as communal areas.

Clear signage in contrasting colours were available to support residents with visual or cognitive impairments. The numbers of the bedrooms were also using Braille language to assist residents with impaired vision.

Judgment: Compliant

Regulation 11: Visits

Arrangements were in place for each resident to receive visitors in private or within communal areas. There was a separate visitors' room available as well as several small seating areas throughout the centre. There was a visitors' record to monitor the movement of persons in and out of the building to ensure the safety and security of the residents. Relatives spoken with confirmed that they were always made feel welcome.

Judgment: Compliant

Regulation 13: End of life

The end-of-life care provided was based on residents' assessed needs. There was evidence of family involvement with resident's consent and a person-centred approach was evident. Access to community palliative services was available where required. Each resident had an end-of-life care plan in place that described their wishes in relation to their preferences for burial, location, or chosen garments to wear.

Residents wishes in relation to end of life were discussed as part of the comprehensive assessment process, which gave residents an opportunity to express their wishes regarding their physical, psychological and spiritual care while they were well. However, in respect to advanced decision-making and resuscitation status, the inspector was not assured that local policy was being implemented in practice. This is addressed under Regulation 4.

An oratory was available in the centre that could be used for reposing services. Residents' relatives were facilitated to be with them overnight at the end of life.

Judgment: Compliant

Regulation 17: Premises

The accommodation is comprised of 40 single rooms and four twin bedrooms spread across two floors. Each room had en-suite facilities. The premises and grounds were accessible and well-maintained with suitable heating, lighting and ventilation. The centre was homely decorated with sufficient furnishings, fixtures and fittings. Residents had access to safe internal gardens both on the ground level and on the first floor.

Good signage and good use of colour was available to support residents and visitors' orientation needs. The matters arising from the previous inspection in relation the availability of a communal area for the residents located on the ground floor had been appropriately addressed.

The dining rooms were inviting and attractively decorated and could accommodate all residents on each floor in one sitting. Toileting facilities were available nearby communal areas.

Residents' bedrooms were personalised according to their preferences. Each room was equipped with a lockable press.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritious meals, which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided. Assistance, to those who required it, was provided in a dignified, discreet manner. There were sufficient staff available to assist the residents.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide, which included a summary of the services and facilities on offer was available to each resident. Information leaflets on various topics relevant to residents and visitors were available in several locations throughout the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Based on a review of a sample of residents' files, the inspector was satisfied that all the relevant documentation was provided when residents moved from one facility to another. This included a nursing transfer letter, a copy of their medicine administration sheet and a doctor's referral letter.

In the event of transferring on an emergency basis, each resident also had a hospital passport completed to ensure important information about residents' needs was communicated to other professionals.

Judgment: Compliant

Regulation 26: Risk management

The centre had effective arrangements in place to manage individual resident risk. In general, there was evidence that risks were appropriately managed, escalated and responded to promptly. However, not all identified operational risks had effective action plans in place to ensure they were appropriately addressed. For example, additional control measures were required to ensure all local policies were implemented and the centre was hazard free.

The centre had up-to-date policies and procedures related to health and safety. A risk management policy was available and a risk register for the identification, rating, escalation and control of risks was maintained, reviewed and escalated periodically as required. Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes and policy. Records were reviewed which showed that the lift, pressure relieving mattresses and all equipment was regularly serviced.

Judgment: Substantially compliant

Regulation 27: Infection control

Satisfactory procedures were in place for the prevention and control of infection. The centre was very clean and well-maintained. Risks associated with infection control measures were identified and monitored accordingly. All staff had been trained in infection control and good hand-washing techniques were observed. Hand sanitisers were available throughout the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire precautions, emergency equipment and adequate means for escape were provided. The fire alarm was serviced on a quarterly basis and the fire service equipment was serviced on an annual basis.

The fire exits were unobstructed and the procedures and direction for the safe evacuation of residents and staff in the event of fire were prominently displayed.

Staff were trained and knew what to do in the event of fire. Fire records were kept, which included details of fire drills, fire alarm tests and fire-fighting equipment. The fire drills contained comprehensive information and analysis of staff participation, times of evacuation as well as the learning from the simulated drill.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each residents' needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools. Care plans were subsequently developed, which identified how the residents' care needs were to be met. These were reviewed on a regular basis.

Most care plans were personalised and provided clear guidance on residents' needs, interests, wishes and preferences.The involvement of residents, relatives, allied health professionals and the GP were noted in the care planning process that was subject to regular reviews.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, including, civil, political and religious rights were respected by staff. Advocacy services were available to residents where required. Local and national newspapers were made available for residents.

Based on direct observation, the review of activity records and discussions with the residents, this inspection's findings are that residents' access and opportunity to engage in varied and meaningful activities required further improvement. Residents

were not adequately informed about the activities that were on offer each day. In addition the range and quality of the activities on offer varied depending on the initiative and skills of the staff assigned on the day. While care plans and 'A key to me' assessments detailed individual residents' preferences and past hobbies, the recording of individual participation, refusal and engagement in daily activities required further improvements.

Each of the residents accommodated in the twin bedrooms had access to their own television set, which enabled them to exercise choice in what they wished to view. Residents were facilitated to maintain their privacy and undertake any personal activities in private. Staff were respectful and discrete when attending to the personal needs of the residents.

Religious services were held every Sunday in the large chapel located in the centre. This chapel was used by people living in the community. Residents also had the option to watch the mass from their bedrooms if they wished, as it was available on theTV in their room. Clergy from all faiths was available for residents if they required.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cluain Lir Community Nursing Unit OSV-0000739

Inspection ID: MON-0024417

Date of inspection: 03/09/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Rosters currently being revised and skill mix being reviewed. The revised rosters will segregate activities as a distinct role. This will ensure that residents have consistent access to meaningful activities of their choice to support their social needs throughout the day on a seven day / week basis.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: (a) The PIC is participating in a working group with the local palliative care service which will support service users and their families in advance care planning, where this includes future hospital admissions and community DNAR orders. Decisions from this group will be reflected in local policy and implemented in the centre. An audit of compliance with local policies will be completed to ensure that there is oversight of on-going risks. (b) Annual Review: The annual review for 2019 will be developed to include evidence of consultation with residents and relatives.	
Regulation 24: Contract for the	Substantially Compliant

provision of services	

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
Signed contracts of care including the room number and the number of occupants per room will be maintained.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The PIC is participating in a working group with the local palliative care service which will support service users and their families in advance care planning, where this includes future hospital admissions and community DNAR orders. Decisions from this group will be reflected in local policy and implemented in the centre.

An audit of compliance with local policies will be completed to ensure that there is oversight of on-going risks.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
The centre has policies, procedures and arrangements in place to manage risk and protect the residents from harm. All equipment will be appropriately stored in each of the units to ensure that the centre is hazard free.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Further to regulation 15 above, resident records in relation to individual participation, refusal and engagement in daily activities will be maintained.

A "rights" based approach to activities is being encouraged at all staff fora.

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 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.	Substantially Compliant	Yellow	06/01/2020
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	06/01/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/03/2020

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/01/2020
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	06/01/2020
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the	Substantially Compliant	Yellow	31/10/2019

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	06/01/2020
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	31/10/2019
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	06/01/2020
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	06/01/2020
Regulation 9(3)(a)	A registered	Substantially	Yellow	06/01/2020

	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.	Compliant		