



**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

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| Name of designated centre: | Wygram Nursing Home |
| Name of provider: | Wygram Nursing Home Limited |
| Address of centre: | Davitt Road, Wexford |
| Type of inspection: | Unannounced |
| Date of inspection: | 26 July 2022 |
| Centre ID: | OSV-0000756 |
| Fieldwork ID: | MON-0036533 |

About the designated centre

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

The centre is a purpose built three storey facility that opened in 2015 and is located in Wexford town. The centre is registered to accommodate 71 residents. Residential accommodation is provided across three floors and consists of the following: The ground floor has 10 single ensuite bedrooms and one twin ensuite bedroom. The first floor has 25 single ensuite bedrooms and three twin ensuite bedrooms. The second floor contains 24 single ensuite bedrooms and two twin ensuite bedrooms. There are two passenger lifts to each floor. Each of the three floors had a central core area which was fitted out with couches and armchairs and there is also a communal day room on the second floor. The ground floor also has a large sitting room which includes an oratory in one section, the main section of this room has direct access to an enclosed garden area. There is a separate visitors room with overnight facilities which families have the opportunity to use for privacy or if their loved one is unwell. There is one dining room on the ground floor that is large enough to accommodate all residents. The dining room has dividers that can be pushed back so the room can be used for a number of functions at the same time, for example activities. The main kitchen area is adjacent to the dining room. There are two smaller galley style kitchens on both the first and second floors. A number of bedrooms on the first and second floors have balcony areas which residents can also access. There is also a community resource building on site known as Davitt House which is a focal point for social, educational and religious activities. The provider is a limited company called Wygram Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The range of needs include the general care of the older person, residents with dementia and or a cognitive impairment. The centres stated aim is to meet the needs of residents by providing them with the highest level of person centered care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. The centre currently employs approximately 87 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

69

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 |
|------------------------|----------------------|------------|------|
| Tuesday 26 July 2022 | 09:00hrs to 17:30hrs | Mary Veale | Lead |
| Wednesday 27 July 2022 | 09:30hrs to 16:00hrs | Mary Veale | Lead |

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in Wygram Nursing Home. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. Residents' stated that the staff were kind and caring, that they well looked after and they were very happy in the centre. The centre was managing an outbreak of covid-19 and a small number of residents on the second floor were isolating in their bedrooms on the advice of public health. The inspector observed many examples of person-centred and respectful care throughout the day of inspection. The inspector greeted the majority of the residents and spoke at length with 16 residents. The inspector spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre.

On arrival the inspector was met by the assistant director of nursing and guided through the centre's infection control procedures before entering the building. Following an introductory meeting with the assistant director of nursing the inspector was accompanied on a tour of the premises. The inspector spoke with and observed residents' in communal areas and their bedrooms. The design and layout met the individual and communal needs of the residents'. The centre was a large and spacious three storey building with 59 single bedrooms and six twin rooms. All of the bedrooms were en suite with a shower, toilet and wash hand basin. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Many of the residents' bedrooms had fresh jugs of water, flowers and personal furniture brought from home. Pressure relieving specialist mattresses, cushions and fall prevention equipment were seen in some of the residents' bedrooms. Bedrooms on the east and west sides of the centres first and second floors had access to their own private balcony area. Residents on the ground floor could access the garden from their bedrooms.

There was a choice of communal spaces for residents on all floors. For example; the ground floor had a large dining room which was available to all residents. On the day of inspection the dining area had a partition in place so as residents on the ground floor and first floor could dine separately from residents on the second floor. There was a large sitting room, garden view room, visitor's room and oratory on the ground floor. There were two large circular rooms with ample armchairs adjacent to the lift areas on the first and second floors. The second floor had a hairdressing room and a conservatory room with balcony area. There was a designated outdoor smoking area for residents who chose to smoke.

Residents had access to an enclosed garden area on the ground floor and a large open garden at the front of the building. The gardens had level walkways, comfortable seating and sensory flower beds. The garden areas where seen to be

used by residents and visitors over the inspection days.

The centres resident information booklet and weekly activities programme was displayed at the lift area on all floors. Small group activities had returned on all floors. Over the two days the inspector observed baking, quiz and music sessions. Residents appeared to enjoy the activities in a relaxed manner and the activities staff member was respectful of each resident's communication needs and ability to participate in the sessions. Residents attended resident forum meetings in the centre and said that staff were available to them at all times. Residents were familiar with the person in charge. Communion was offered daily and mass was available weekly in the oratory for residents.

The centre provided a laundry service for residents. All residents' who the inspector spoke with over the two days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was excellent. The daily menu was displayed on the door of the dining room and a choice of three options was available for the main meal. Water dispensers were available for residents on all floors. Many residents told the inspectors that they had a choice of having breakfast in the dining room or their bedroom. The inspectors observed the dining experience at dinner time. The dinner time meal was appetising and well present and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

The inspector observed visits in the centre and the garden areas throughout the day of inspection. The inspector spoke with three family members who were visiting. The visitors told the inspector that there was no booking system in place and that they could call to the centre anytime. Visitors spoken to were very complimentary of the staff and the care that their family members received. Visitors knew the person in charge and were grateful to the staff for keeping their family member safe during the pandemic.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspector also followed up on a concern that had been submitted to the Chief Inspector of Social Services in relation to safeguarding, rights of residents, staffing, and governance and management.

Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in January 2021. Improvements were found in relation to Regulation 12; personal possessions, Regulation; 27 infection prevention and control, and Regulation 28; fire precautions. On this inspection, actions were required by the registered provider to address areas of Regulation 9; resident's rights, Regulation 21; records, Regulation 27; infection prevention and control and Regulation 28; fire precautions.

Wygram Nursing home limited is the registered provider of Wygram Nursing Home. The company is part of the Virtue Integrated Care group. The person in charge worked full time and was supported by a quality manager, an assistant director of nursing, clinical nurse managers, a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, laundry, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. Out of hours on call for emergencies was provided on a rotational basis by the person in charge and assistant director of nursing.

There were sufficient staff on duty to meet the needs of residents living in the centre on the days of inspection. The centre had a well-established staff team since opening in 2015. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences. There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. The inspector observed that dementia and safeguarding training took place on the first day of inspection as part of the centre's ongoing training schedule.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls prevention and medication management. Audits were objective and identified improvements. For example; medication management audits completed identified actions in the accuracy of the temperature recordings for one of the centres medicine fridges. The centre had made improvements to their medication management storage through the purchase of a new medication fridge. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Monthly management meeting set agenda items included corrective measures from audits, covid-19, complaints, refurbishment plans and feedback from residents. In addition, the centre was part of a quality and safety regional committee which met monthly. Minutes of meetings outlined improvement plans identified from service user experience feedback, KPI's and falls surveys. The annual review for 2021 was reviewed. It set out an action plan with time lines, and responsibilities to ensure actions would be completed.

Records and documentation were well presented, organised and supported effective

care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. Policies and procedures as set out in schedule 5 were in place and up to date.

The provider supported one resident to manage their pension and this was done in line with the department of social protection guidelines. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables.

Incidents and reports as set out in schedule 4 of the regulations were mostly notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

There was a complaints procedure in the centre which was displayed in the entrance area on all floors. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. There was evident that complaints was effectively managed and the outcome of the complaint and complainants satisfaction was recorded.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the days of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date

training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

Improvements were required with staff records. In a sample of four staff files viewed, one of the staff files had a gap in employment in line with schedule 2 requirements.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the

centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

The rights of the residents' was at the forefront of care in Wygram Nursing Home. Staff and management were seen to encourage and promote each residents' human rights through a person-centred approach to care. The inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Improvements were required in relation to the residents' rights, infection prevention and control, and fire precautions.

Visiting had returned to pre-pandemic visiting arrangements for all residents who were not isolating. There were ongoing safety procedures in place. For example, temperature checks and health questionnaires. Residents could receive visitors in their bedrooms, the centres communal areas and outside in the gardens. Visitors could visit at any time and there was no booking system for visiting. For residents who were isolating they could have a visit from their nominated support person or lead visitor each day if they wished.

The centre was bright, clean and tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing and a programme of decorative upgrades was in place, ensuring the centre

was consistently maintained to a high standard. The centre was cleaned to a high standard, alcohol hand gel was available in all bedroom corridors and PPE (personal protective equipment) stations were outside the bedroom door of residents who were isolating. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents.

Over the two inspection days the centre was managing an outbreak of COVID -19 on the second floor. The centre had following the advice of Public Health specialists, and had put in place many infection control measures to help keep residents and staff safe. Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records had been reviewed since the last inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. The centres storage areas were clean, free of clutter and organised. Improvements were required in relation to infection prevention and control, this will be discussed further in the report.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk register contained site specific risks such as risks associated with the balcony areas of some bedrooms, risks associated for residents who smoked and individual residents who were at risk of choking.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. Fire training was completed annually by staff. There was evidence that fire drills took place quarterly. There was evidence of fire drills taking place in each compartment and of a simulated night time drill taking place in the centre largest compartment. Some fire drills records were detailed containing the number of residents evacuated, equipment used, how long the evacuation took, and learning identified to inform future drills. Fire drills will be discussed further in this report under Regulation 28. There was a robust system of daily and weekly checking, of means of escape, fire safety equipment, and fire doors. Weekly activation of the fire alarm system included staff response to the alarm. The centre had an L1 fire alarm system with repeater panels on all floors. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents for day and night evacuations, and their supervision requirements at the assembly point. Staff spoken to were familiar with the centres evacuation procedure. There was fire evacuation maps displayed throughout the centre. There was evidence that fire safety was an agenda item at the quality and safety meetings taking place in the centre. There was a smoking shelter available for residents who smoked. Residents were risk assessed for their capability to smoke independently. A fire extinguisher was located in the shelter and residents who smoked had a mobile call bell. However, there was no fire blanket available in the smoking shelter.

The inspector saw that the resident's pre- admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person- centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and behaviours that were challenging. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, speech and language therapist, dietician and chiropodist. A physiotherapist attended the centre weekly to provide individual assessments and post fall reviews. Residents had access to local dental, optician services and a pharmacist of their choice. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was policy in place to inform staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. The use of bed rails as a restrictive device was significantly low. There was evidence of a restrictive practice register, risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as sensor mats and low beds. The front door to the centre was locked. The intention was to provide a secure environment, and not to restrict movement . Residents' were seen assisted by staff to leave the centre throughout the day and visitors were accessed the centre using the key code pad.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. In addition the centre were using the national safeguarding policy to guide staff on the management of allegations of abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights and choices for the most part were respected, and residents were actively involved in

the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. There was a varied and fun activities programme. There was evidence that the centre had returned to pre-pandemic activities, for example group activities had returned at the request of residents. Residents' were complimentary about the centres activity programme.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 20: Information for residents

A guide for residents was available. This guide contained information for residents about the services and facilities provided including, complaints procedures, visiting arrangements, social activities and many other aspects of life in the centre. Specific information on additional fees was detailed in individuals' contract for the provision

of services.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider is required to ensure the environment was as safe as possible for residents and staff. For Example;

- Four sharps bins containers in treatment rooms did not have temporary closures in place.
- Rust was evident on commodes across the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider is required to ensure that the detail of fire drills is consistently documented , so as fire drills can be used as a quality improvement tool to identify areas of improvement and learning opportunities for staff. Some fire drill records did not record in detail the scenario practiced , the results or problems encountered on drills.

The smoking shelter required a fire safety blanket.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, restrictive practice usage and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported the resident with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

In bedrooms where the resident's beds were placed against the wall residents did not have access to their bedside lockers.

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Wygram Nursing Home OSV-0000756

Inspection ID: MON-0036533

Date of inspection: 27/07/2022

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 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records: <ol style="list-style-type: none"> 1. The Person in charge will conduct an audit of all staff files and confirm and amend with each employee any missing Gaps. 2. The Person in charge will ensure that going forward that there will be no missing gaps in any New Employee's records | |
| Regulation 27: Infection control | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control: <ol style="list-style-type: none"> 1. The Person in charge has spoken to all Nursing staff about the importance of having the temporary closure in place on all Sharp bins. 2. The Person in charge will ensure spot checks are in place to ensure this is adhered to. 3. The commodes containing rust has been addressed and same removed and replaced with New Commodes that do not rust from the effects of cleaning and disinfection. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ol style="list-style-type: none"> 1. A Smoking Blanket has been purchased – staff trained 2. The Centre has employed the services of an external company going forward to | |

ensure that all fire drills are consistently documented , so fire drills can be used as a quality improvement tool to identify areas of improvement and learning opportunities for staff

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. The Person in charge will ensure that any Resident who wants their bed placed against the wall has a documented discussion with them that this will not allow for space to have the locker near them and that an alternative over bed side table can be used to provide access to their immediate items when in the bed. Their care plan will reflect this.

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 01/10/2022 |
| 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. | Substantially Compliant | Yellow | 07/09/2022 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall | Substantially Compliant | Yellow | 08/09/2022 |

| | | | | |
|---------------------|--|-------------------------|--------|------------|
| | provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | | | |
| 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 | 08/09/2022 |
| 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 | 08/09/2022 |
| 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 | 08/09/2022 |