



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

Issued by the Chief Inspector

Name of designated centre:	Carechoice Swords
Name of provider:	Carechoice Swords Two Ltd
Address of centre:	Bridge Street, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	19 May 2021
Centre ID:	OSV-0007752
Fieldwork ID:	MON-0032987

About the designated centre

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

Carechoice Swords can accommodate up to 158 residents whose care dependency levels range from low to maximum dependency care. The nursing home has a total of 5 floors providing care for different categories of residents, including includes frail elderly care, dementia care, general palliative care as well as convalescent and respite care with varying dependencies. 24 hours nursing care may be provided to both male and female residents, generally aged 18 years and over.

Accommodation is provided in 144 single and seven twin rooms, all with en-suite facilities. Residents have access to outdoor space in the main courtyard and terrace located on the ground floor as well as safe terraces located on the third and fourth floor. There are a number of communal facilities available which include an oratory, visitors' room, dining and lounge areas available on each floor, activities room, and quiet spaces.

The centre's stated aims and objectives are to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their quality of life, health and wellbeing. The designated centre is located in a tranquil urban area within the Swords Village, close to local amenities. Underground car parking is available for visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 May 2021	09:05hrs to 18:25hrs	Niamh Moore	Lead
Monday 24 May 2021	18:25hrs to 21:20hrs	Niamh Moore	Lead
Wednesday 19 May 2021	09:05hrs to 18:25hrs	Michael Dunne	Support
Monday 24 May 2021	18:25hrs to 21:20hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were supported to enjoy a good quality of life within Carechoice Swords. Residents could engage in various activities which promoted their independence, health and wellbeing. Inspectors observed over the two inspection days that there was a good atmosphere and most residents spoken with said they were happy living in the centre.

Upon arrival to the centre on day one of the inspection, the inspectors were met by the receptionist who guided them through the infection prevention and control measures necessary on entering the designated centre. This included a temperature check, the wearing of a face mask and the completion of a questionnaire.

On the first day of the two day inspection, following a short opening meeting, one of the inspectors accompanied the person in charge on a tour of the centre. The centre was based across six floors, the basement floor, ground floor, first floor, second floor, third floor and the fourth floor. The basement and fourth floor did not have any bedrooms. The kitchen, laundry, staff changing and dining areas were located in the basement. The fourth floor had a communal space known as a café area which had recently been used for family visits. Inspectors were informed that the second floor was currently not in use. On the day of inspection, there were 77 residents living in the designated centre who were accommodated on the ground floor, first floor and third floor. Inspectors greeted the majority of the residents within the centre and spoke to five residents in more detail.

On the second day of inspection, there were 76 residents living in the centre. Inspectors attended the centre in the evening time and did not speak to residents in detail but completed observations of how residents spent their day, how they interacted with staff, each other and participation in meaningful activities.

Inspectors found that the premises and environment was warm, comfortable and met resident's needs. The centre was clean, well laid out and overall was well maintained. Seating areas within dining and communal areas had been set up to facilitate social distancing.

Residents' bedroom accommodation was mainly provided in single rooms, with a small number of twin occupancy en suite bedrooms. Residents' bedrooms were spacious and personalised. Residents told inspectors that they were happy with their bedrooms, the storage provided and that they could personalise their space if they wanted.

Communal spaces such as day and dining rooms were supervised at all times and staff were observed to interact with residents in a positive and respectful manner. Call bells were answered in a timely manner. However, during the two inspection days, five staff members told inspectors that there are times that they feel under

pressure to complete all of their tasks and duties.

The inspectors found that the centre encouraged feedback from residents through resident surveys and committee meetings. Overall, residents were positive about the care they received. One resident spoke to the inspector about being unhappy with the food provided. From records reviewed the inspector found the centre was engaging with this resident with an emphasis on person-centred care. Inspectors reviewed communication from management to staff regarding learning from complaints received relating to food. The centre planned to complete a hospitality audit in the coming days following the inspection. This audit would measure satisfaction with presentation, experience, temperature and food variety.

Residents were observed to be engaging in activities throughout the first day of inspection. Inspectors observed two residents to be engaged in a game of balloon tennis, while another two residents were enjoying a matching game. There was also a mock cocktails event with accompanying music and individual activities such as colouring pictures. Residents were gently encouraged to participate and were seen to receive the required levels of support according to their communication needs. Information on the day's events and activities was displayed in the centre on each floor. Inspectors could see that there were scheduled activities seven days a week. Inspectors were informed that when activity staff were not on shift, health care assistants completed activities. Residents told inspectors that they enjoyed participating in these activities.

Residents were offered frequent drinks, meals and snacks throughout both days of inspection. Inspectors observed a meal time within the centre, where residents were dining within the dining room. Inspectors found this was a relaxed and positive dining experience where residents were seen enjoying their meals and being assisted and supervised discreetly by staff.

Inspectors saw on the second day of inspection, that a staff member was sitting in the lounge area with five female residents enjoying tea and biscuits while watching a musical concert on the television. Inspectors found that staff treated residents with care and it was clear that staff knew residents well. One resident described how staff were "very nice".

Residents who spoke with the inspectors mentioned that they felt safe in the centre and that staff were kind and considerate. Inspectors observed staff and residents interactions and found them to be based on respect for the individual. Residents who required additional time to communicate their views were supported by staff in a sensitive manner.

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

Capacity and capability

There was a clear management structure in place. The management arrangements and staff resources were generally organised to ensure that safe and appropriate care was provided for residents. Overall this was a well-run centre which demonstrated its capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Some improvements were required in relation to governance and management, care planning, healthcare within the centre which will be further discussed within this report.

Carechoice Swords Two Ltd is the registered provider for Carechoice Swords. There was a defined management structure within the designated centre. The provider employed a person in charge, who was supported within their role by a general manager, an assistant director of nursing and three clinical nurse managers (CNM). The management structure identified specific roles and responsibilities for all areas of care provision within the centre, with oversight from the provider and a group of senior managers.

This inspection was unannounced to monitor compliance with regulations and to follow up on concerns raised through the receipt of unsolicited information which was focused on the staffing levels and quality and standards of residents care.

There was a range of management systems in place and inspectors found that the centre was keen to drive quality improvements. Carechoice quality team were on site in the designated centre on a monthly basis to complete audits. The centre also conducted their own audits as per their audit schedule which included audits of falls, medication management, infection control and wound care. Findings from internal audits were developed into action plans to drive quality improvements. However, inspectors found that the findings from audits were not discussed within the management meetings within the centre and thus were not implemented. This is further discussed under Regulation 23: Governance and Management.

Inspectors reviewed records of reported incidents and found in general they were promptly investigated. At the time of inspection, there was an open investigation which the provider was reviewing. Inspectors requested follow up assurances relating to actions and learning following the completion of the investigation.

The centre was well resourced with a range of staff to include nurses, health care assistants, activity coordinator, catering, household, laundry, maintenance, night porters and reception staff.

Inspectors were told that there were no staffing vacancies within the centre, as the centre was currently on-boarding staff on a continuous basis in line with their admission of residents. However, inspectors were informed that there had recently been a high turnover in health care assistants within the centre.

Inspectors reviewed the staff rosters within the centre and found this required amendment to ensure the correct time was recorded for staff shifts. There were frequent occasions where staff shifts were incorrectly recorded as 07:30-07:30 and

19:30-19:30. On both days of the inspection, rosters showed that two units had a staff member on short term leave and this vacancy had not been covered. It was recommended that the provider review procedures in place for the retention of suitable staff and for how the centre managed short term leave.

Records viewed by the inspectors confirmed that there was a high level of training provided in the centre. Supplementary training was also offered to staff on managing actual and potential aggression, responsive behaviour and dementia, cardio pulmonary resuscitation (CPR), food safety and general data protection regulations.

A review of records showed that the provider had recently implemented a robust induction process for new staff. Inspectors were informed that new staff received a week of training and then a further week where they were assigned a "buddy" to shadow. Records showed there were induction booklets for each staff member with regular reviews built into this process. Staff spoken to said they had received sufficient supervision and training to do their jobs.

Inspectors reviewed the staffing records of three staff members to ensure that safe and effective recruitment practices were in place. Two records reviewed did not meet one of the requirements set out in Schedule two of Statutory Instrument No. 415/2013 The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2013. This was in progress on the day of the first inspection and resolved prior to day two of the inspection.

Inspectors found the centre was actively involved in managing complaints received and were keen to learn from these in the future.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2020 which was prepared in consultation with residents and their families.

Regulation 15: Staffing

The centre had 49% occupancy of their registered 158 beds on the day of inspection. On both days of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents.

Staff were allocated to floors to ensure appropriate segregation of staff into groups to minimise the risk of the infection spreading throughout the centre during the COVID-19 pandemic. There was a minimum of one nurse on duty within each area during the day and night for each unit.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and the records showed that staff had participated in mandatory and supplementary training. Refresher training dates were planned and scheduled for fire safety, infection control, safeguarding and manual handling for dates within May 2021.

An induction programme was in place to support new staff working in the centre. Staff were supervised in their roles daily by the assistant director of nursing and the clinical nurse managers

Judgment: Compliant

Regulation 21: Records

Schedule 2 records of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available for review within the designated centre. However records of the roster were not accurately recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found that oversight management systems needed improvement to ensure the service provided was sufficiently monitored. For example:

- There was no evidence of oversight of the audits completed by the Carechoice quality team or the implementation of action plans, at clinical governance meetings.
- On day two of the inspection, inspectors reviewed a complaints form and were not assured that the provider had acted on the information provided as a potential safeguarding concern. Inspectors requested that the centre investigate the matter further as management oversight had not identified this issue.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed in the reception area for residents' and relatives' information and contained all of the information required by the regulation.

The inspectors reviewed the complaints log and found that the centre recorded the investigation, the outcome and the satisfaction level of the complainant. At the time of the inspection, there was a number of open complaints that the centre were in the process of investigating as per their complaints procedure.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life in this centre with their safety and wellbeing protected. Residents told inspectors that they were happy with the quality of care they received from the staff. There were opportunities for residents to express their views about the quality of the service provided. Observations throughout the two days confirmed that residents privacy and dignity were respected. There were improvements required regarding the updating of care plans when changes in the delivery of care occurred and the recording of daily staff input in meeting residents health care needs identified in resident care plans.

Inspectors reviewed a sample of resident's care plans and overall there was a good standard of care planning with a focus on individualised and evidence based interventions to meet the assessed needs of the residents. However, some care plans did not describe care intervention changes that had already been made to address a change in resident's needs. This meant that the care plan could not be evaluated or reviewed to ensure these needs were met. Daily care notes were clear and generally reflected the daily interventions of staff in meeting the goals set out in residents' care plans. However there were gaps in recording residents attendance at activity sessions. While there were many good examples of person-centred support around the provision of activities, the monitoring of residents attendance to ensure their enjoyment and participation was needed to ensure their activity needs were addressed.

The GP attended the centre every Tuesday and Thursday and was available for additional visits if required. The centre accessed out of hours GP services at weekends. While residents had good access to GP services, a clear protocol was required to ensure new admissions were reviewed in a timely manner by the medical doctor taking over their care, specifically in the case of admissions at the end of week.

Referrals for specialist input from psychiatry of later life were made as necessary with evidence found in care records that these were made on a timely basis. Physiotherapy was provided in house while referrals for occupational therapy (OT)

input were made to the OT service provider. Allied health care professionals provided support with dietetics, speech and language therapy and tissue viability nursing. Access to national screening programmes was promoted for eligible residents. There were arrangements in place for anticipatory prescribing with the centre's pharmacist.

The centre had managed three separate outbreaks of COVID-19 from April 2020 until January 2021 with 11 residents and 12 staff affected overall. Inspectors found that the centre implemented its contingency plan to mitigate against the effects of these outbreaks in the centre.

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. All staff were up to date with their mandatory safeguarding training. Staff awareness and knowledge of safeguarding issues was further enhanced by additional in-house training which focused on all aspects of safeguarding relevant to the designated centre. Appropriate references, Garda vetting and relevant training and qualifications were in place prior to staff commencing work in the centre.

There were systems in place to protect resident finances and to promote residents autonomy over access to their personal property and possessions. A resident inventory was in place to monitor resident possessions. There were clear arrangements in place to monitor resident's pensions where the registered provider was acting as a pension agent. Financial records were in place and were regularly monitored and reconciled.

There was a centre specific restraint policy in operation which promoted a restraint-free environment. In the event of a restrictive practice being introduced to maintain a resident's safety, there was clear rationale in place to support the intervention. Care documentation including risk assessments were in place and reviewed on regular basis to confirm the restrictive practice was still required. Where residents were unable to give consent for a restrictive practice such as the introduction of bed rails, consent was obtained from family members.

Residents told inspectors they were happy with their accommodation which was set out over five floors. The design and layout of the centre was suitable for the needs of the residents with sufficient communal space available for residents to use. Resident rooms were tastefully decorated with all containing a locked facility for residents to store their valuables. Residents were encouraged to personalise their living space.

The centre was clean with good quality fixtures and fittings seen throughout the premises. There was good use of information boards and signage to orientate residents around the building and to keep them informed of key events in the centre.

There was a person-centred ethos of care in this centre with residents rights and choices respected. Residents mentioned that they had access to various types of media and were thankful that staff supported them to keep in contact with their families throughout the pandemic. Residents were happy that visiting had restarted

and that life was slowly getting back to normal. Group activities were seen to be happening on the day of the first day of inspection with social distancing measures observed by staff and residents.

The provider had a risk management procedure in place. The centres risk register which was seen to be a live document was amended and reviewed as required.

Regulation 11: Visits

Measures were in place and consistent with the latest Health Protection and Surveillance Centre (HPSC) *COVID-19 Guidance on Visitations for long term Residential Care Facilities*, to protect residents and staff from the risk of infection. Residents COVID-19 care plans contained information regarding visits from families and how family contact was maintained during the period of restrictions on visits. The provider had made available a range of facilities for safe visiting to occur with a focus on resident's privacy and dignity.

There was evidence the registered provider maintained contact with families informing them of the changes in visiting arrangements during the pandemic.

Judgment: Compliant

Regulation 12: Personal possessions

There was a policy and procedure in place for the management and protection of residents personal property and finances including arrangements for pension management. Records confirmed procedures were effective in ensuring residents valuables were protected and monitored by the management team.

Concerns regarding the inappropriate use of alginate bags for soiled and clean laundry had been resolved by the registered provider.

All resident bedrooms seen on inspection contained sufficient storage space for residents to store their clothes and other possessions.

Judgment: Compliant

Regulation 27: Infection control

Alcohol-based hand rub, and personal protective equipment (PPE) supplies were available and information posters to support infection prevention and control (IPC)

practices were clearly displayed throughout the centre to promote social distancing, the correct usage of PPE and hand hygiene measures.

The centre was clean and overall checklists for cleaning were being followed. There was good oversight by the provider with regular environmental audits completed to monitor the environment and the centres practice. Areas for improvement were seen to be addressed in a timely manner.

A COVID-19 vaccination programme had taken place with vaccines available to residents and staff. There had been a high uptake of the vaccines among residents and staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors found examples where care plans had not been updated to reflect adjustments to interventions following changes in resident's needs. Activities were not adequately recorded within resident records and there were gaps in the recording of daily activities.

Judgment: Substantially compliant

Regulation 6: Health care

While staff maintained food and fluid intake for residents identified at risk, however some residents' records were not consistently completed in full. The quality of these records needed to be further enhanced to ensure residents received a consistently high standard of evidence based nursing care as gaps were identified.

Admission of residents at the end of the week required to be reviewed to ensure that a comprehensive medical assessment could be completed in a timely manner by the admitting doctor, within 72 hours as per the designated centres policy.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that the registered provider had a positive approach to the management of behavioural and psychological symptoms and signs of dementia which were developed based on residents individual needs. A review of care records

indicated that where residents were subject to a restrictive practice, there were sufficient safeguards in place to ensure that residents rights were promoted and respected. Staff training was up to date and provided staff with the necessary skills to provide the required levels of support for residents displaying behavioural and psychological symptoms of dementia.

Judgment: Compliant

Regulation 8: Protection

Staff were knowledgeable about the different types of abuse that could occur in designated centres and were aware of the key role they had in ensuring residents were protected.

The registered provider had recently organised a safeguarding refresher week which staff said they found useful and informative.

Judgment: Compliant

Regulation 9: Residents' rights

Residents who spoke with inspectors said that they liked living in the designated centre and found staff to be kind and supportive. A pre-admission assessment was carried out to determine residents preferences which were recorded and incorporated into their respective care plans.

There were opportunities for residents to engage in group or individual activities according to their choice. The provider was keen to ensure residents views were obtained regarding the quality of service provided. This was achieved through resident committee meetings along with a recent satisfaction survey which was incorporated into the centre's annual report on quality and safety. Arrangements for accessing an advocacy service were displayed in the centre.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was reviewed and it contained comprehensive information to inform the management of risks in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 26: Risk management	Compliant

Compliance Plan for Carechoice Swords OSV-0007752

Inspection ID: MON-0032987

Date of inspection: 19/05/2021

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
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Below are the current and proposed actions:</p> <ul style="list-style-type: none"> • Each staff member receives their roster electronically which states if they are working a day or night shift which is 07.30 to 19.30hrs / 08.00 to 20.00hrs or 19.30 to 07.30hrs / 20.00 to 08.00hrs. • A full review of the electronic system was completed and it confirmed the times worked by staff as above. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • All audits completed will be reviewed and signed off by the DON and Clinical Management Team on completion. Actions that arise will be closed out and learning disseminated to the relevant parties. The quarterly Clinical Governance meeting minutes will included details on the audits completed, noncompliance, actions required, learning dissemination and trends that arise. • The Clinical Management Team reviewed and revisited the HIQA guidance and documents on safeguarding and NF06. The Safeguarding and Elder Abuse Policy CL018 was reviewed and signed off again by the CMT. 	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All Careplan's will be audited and completed by September 30th. Careplan & Assessment education will be completed for nursing staff that have not completed same to date. Additional training and education will be provided to the activity staff and this will be completed by 31st August. • A review of the activity hours was completed, in light of this review it was agreed to increase the allocated hours to afford residents the time required to assist them in their activity schedule and to allow the team to complete their documentation. <p>An additional activity staff member is currently on boarding and is completing mandatory training on the week of 19th July. They will commence their role the week of 26th July.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none"> 1. A full review was carried out looking at current practices within the home. All staff have been retrained in maintaining food and fluid records. Training was provided by External dietician and Dysphagia Chef Trainer. A Quality Memo was sent to all homes on 03/06/2021 on Hydration & Elderly residents. A new protocol has been put in place by the Clinical Management Team to review levels of fluid intake in residents over 24hrs. 2. There are now two ADON's and two CNM's in place and they have clinical oversight to ensure that the admissions protocol is followed after each new admission. 	

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	09/07/2021
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	30/07/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	30/09/2021

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/07/2021