



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

Issued by the Chief Inspector

Name of designated centre:	Cahereen Residential Care Centre
Name of provider:	Cahereen Residential Care Limited
Address of centre:	Codrum, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	09 December 2021
Centre ID:	OSV-0000208
Fieldwork ID:	MON-0034124

About the designated centre

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

Cahereen Care Centre is a purpose built 27-bedded care facility with 18 bedrooms which was taken over as a nursing home and further developed by the current owners in 2003. The bedroom accommodation is laid out in nine single en-suite bedrooms, three double en-suite bedrooms, and six other double bedrooms, with adjacent shower and toilet facilities. All bedrooms are situated on the ground floor. In addition to the bedroom accommodation there is a large day lounge, conservatory, and a large dining room for residents' use. There is a suitable, spacious enclosed back garden and front garden area with adequate outdoor seating. The management and governance of Cahereen Care Centre is directed by a team of dedicated and committed members of staff who continually strive to raise standards of care. There is a nurse in the centre on a 24-hour basis. Cahereen Care Centre caters for individuals requiring long or short term nursing or personal care, male and female, predominately over the age of 65 (although this can be altered if we feel we have the capacity to provide appropriate care for a younger individual).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 December 2021	09:30hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The universal feedback from residents was that Cahereen residential care centre was a homely and comfortable place to live where residents felt their rights were respected. Staff promoted a person-centred approach to care and were observed by the inspector to be gentle and caring towards residents. The inspector met and spoke with several residents who said that they were satisfied with the care and service provided. The national pandemic and COVID-19 restrictions had been very challenging for all of them. Residents felt that the staff were dedicated to providing quality care and they praised them for their support when the visiting restrictions were imposed. Residents appeared well groomed and were all dressed in nice, warm outfits suitable for the season. The inspector also observed visitors coming and going, visiting their family members at various times throughout the day. Residents were heard to discuss the Christmas party, held the previous day, with relatives and to describe the 'thoughtful' presents which had been provided by staff.

The inspector arrived unannounced to the centre and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, wearing a face mask, and temperature check. Following an opening meeting with the person in charge, who had recently been appointed to the position, the inspector was accompanied on a walkabout of the premises. The building was single storey and laid out in two hallways which converged on a central communal section. This consisted of offices, a large sitting room and dining room as well as a relaxing conservatory. The inspector saw that there were lovely scenic views from all the communal rooms and bedrooms had patio door access to a balcony overlooking green fields and hills. A spacious, well laid out garden was accessible to all residents.

The clean, stainless steel kitchen was appropriately equipped. Food stocks were plentiful and issues highlighted on an environmental health inspection had been addressed. There was one large day-room and a conservatory in the communal area which was furnished with seating to watch TV, listen to music or enjoy the scenery. Dining space adjoined this and it was optimised by having two sittings which residents said was more enjoyable, as there was plenty space and more time to enjoy their meals. In addition, staff informed the inspector that there was more time to assist those who required help with the meals. Staff were seen to sit next to a number of these residents at dinner time and to help them in a careful and kind manner

Documentation relating to residents' survey results and residents' meetings were reviewed and these reflected the positive comments from residents whom the inspector spoke with. The comments indicated satisfaction with the management team, the staff, their accommodation and all aspects of care. Minutes of residents' meetings demonstrated that a wide range of issues, including the COVID-19 risks were discussed openly, as well as community updates. Residents said that they were encouraged to stay in touch with family throughout the visiting restrictions and said

they were relieved to be able to meet their visitors in person again. Some residents said they never realised how useful mobile phones and other technology could be, to help them to stay in contact with their families during the restrictions. Residents were seen to use their phones during the day and a number of phones were observed to be charging for use. Visitors were seen to be appropriately risk assessed on entering the centre and followed the required infection control protocol.

Meals were seen to be tastefully presented. Staff were heard to ask residents what they would like for meals the following day with a nice choice available to them. One resident choose 'pancakes' for his tea and he declared himself "very pleased" with that. Residents said that their food preferences were known to staff and they said that the catering team addressed areas for improvement such as suggestions regarding food choice and meal times. Staff explained that mealtimes were a time when everybody became involved in creating a social, enjoyable experience for residents. The inspector saw that the lunch, dessert and tea served during the inspection appeared appetising and social distancing was observed by facilitating two sittings. Residents spoken with confirmed that food portions were generous and snacks were available between meals and at night time. In the morning and afternoon members of staff were seen to support residents to avail of morning and afternoon snacks, home make cakes and drinks. The kitchen was accessible from the dining room which meant that hot tea and other requests were responded to without delay.

Overall, a good standard of cleaning was observed on the day of inspection. The person in charge explained how supervision of this had improved with audits, to include environmental cleanliness awareness by all staff, throughout the day. The provider was aware of a number of premises issues which required attention and was endeavouring to continuously improve current facilities and physical infrastructure through upgrading and ongoing refurbishment plans. At the time of inspection three double rooms were being extended to provide for en suite toilets and showers. Residents said that as all the work was currently happening outside the building there had been minimal disturbance to them.

Residents described the medical care as attentive and stated that they really enjoyed the weekly physiotherapy sessions. They said that they felt safe in the centre and were happy that their concerns would be addressed. Residents spoke about the daily events which kept them occupied. They enjoyed the recent Christmas preparations and party, associated arts and crafts and birthday celebrations. The inspector saw that there was a varied activity schedule which included exercise classes, quiz, bingo, music, games and skittles. A number of residents told the inspector that their preference was reading and they sat in the quiet conservatory to enjoy the peace and the lovely view. There was detailed information available in the care plans in relation to residents' previous lifestyles and hobbies to guide staff when planning the activity schedule. Residents told the inspector they were informed about the daily activities and the notice board was populated with the daily agenda. A staff member spoke with the inspector about her role as activity coordinator. She described that external musicians and physiotherapy sessions which augmented the programme. Resident were seen in groups and individually enjoying social contact. On the day of inspection the inspector saw a

lively game of bingo and a competitive game of skittles underway. The inspector observed that residents had very good social contact with the activity coordinator, the chiropodist, the staff, and their visitors and they were heard to engage and take part in the fun and interaction generated throughout the day. Staff, both nurses and carers, were seen to sit down next to residents at various times during the day which added to the homelike, unhurried and person-centred ethos.

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

Capacity and capability

The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. The management team had been proactive in responding to findings on previous inspections. The inspector saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Nevertheless, some improvements were required in a number of areas such as, the maintenance of fire safety and infection control processes, as addressed under the quality and safety dimension of this report.

Cahereen was a designated centre for older people operated by Cahereen Residential Care Limited, which was the provider. There was a clearly defined management structure in place, with clear lines of authority and accountability. There were two directors in the company. At operational level, support was provided by one director of the company, representing the provider, who was present in the centre each week, including on the day of inspection. The organisational structure within the centre had changed since the previous inspection with the appointment of a new person in charge who was appropriately qualified. She was supported in the delivery of care by an assistant person in charge, a clinical nurse manager (CNM), nurses and a healthcare team, as well as household and catering staff. Staff told the inspector that they were facilitated to communicate regularly with management personnel and were aware of their obligations in relation to safeguarding of residents. There was evidence that regular management and staff meetings took place, where topics such as risk, staffing, COVID-19, complaints and incidents were discussed. These meetings as well as detailed shift handover reports ensured that information on residents' diverse needs was communicated effectively.

The service was appropriately resourced as evidenced by the ongoing programme of maintenance. Overall, the staffing number and skill mix on the day of inspection was appropriate to meet the care needs of residents and staff were observed to have the required competencies and experience to fulfil their roles and duties. The inspector was shown an adequate supply of personal protective equipment (PPE) which was

available in the event of an outbreak of COVID-19 and to prevent cross infection in line with current guidelines. Staff retention was high and staff were supervised throughout their probation and annual appraisal meetings thereafter. A quality management system, which included reviews and audits, was in place to ensure that the service provided was safe and effective. The recording and investigation of incidents and complaints included improvements in practice, where necessary. The inspector saw that the regulatory annual review of the quality and safety of care had been completed for 2020. A number of actions from this review were seen to have been addressed, such as building works and installing a new accessible hand washing sink for staff.

Staff received training appropriate to their various roles, as required to update their knowledge and support them to provide best evidence-based care to residents. There were regular in-house training sessions for staff on any new updated infection control procedures as well as training in the prevention of elder abuse and correct handling of residents. Consequently, staff were aware of the actions to take to keep residents safe and generally, were seen to demonstrate good practice in infection prevention and control during the course of the inspection.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. A sample of records, policies and documentation required under Schedule 2, 3, 4 and 5 of the regulations were seen to be securely stored, maintained in good order and easily retrievable for inspection purposes.

Regulation 14: Persons in charge

The person in charge was experienced in management in the centre while new to the role of person in charge. She fulfilled the requirements of the regulations and was suitably qualified. She was engaged in continuous professional development and was supported by a management team who had additional expertise and knowledge.

Judgment: Compliant

Regulation 15: Staffing

A review of the roster was seen to reflect the staffing levels discussed with the person in charge. There were sufficient staff on duty, in various roles, on the day of inspection to meet the assessed needs of residents. There was a registered nurse on duty at all times. Staff spoken with discussed times when staffing levels, particularly for activities, were impacted on by those who had to stay off duty when awaiting a COVID-19 test result but this had been resolved by the inclusion of regular weekly

external activities such as music and physiotherapy sessions on specific days.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector viewed the training matrix which indicated that all staff had received mandatory and appropriate training. For example, staff in the kitchen had completed food safety training and training on nutrition and modified diets, nursing staff had attended medicine management training and housekeeping staff had been trained in the appropriate cleaning products to use and the dilution of products.

Induction and appraisal forms were completed for staff and these were supported by staff recruitment policies. A file which contained these completed staff forms was made available to the inspector.

Copies of the regulations and standards for the sector were accessible to staff, who were supervised throughout the day.

Judgment: Compliant

Regulation 21: Records

A review of a sample of four staff files indicated that all the required regulatory documents were held for staff.

Records required for inspection were well maintained and easily retrievable.

The provider provided assurance that all staff had the required Garda Síochána (Irish Police) vetting clearance in place prior to commencing employment.

Judgment: Compliant

Regulation 23: Governance and management

While there were a number of comprehensive management systems established, further managerial systems and managerial oversight were required to address a number of outstanding issues :

- Fire Safety issues:

-an immediate action was issued to the provider to undertake fire evacuation drills simulating night time staffing levels to provide assurance that residents in the largest compartment could be evacuated in a timely manner in the case of fire. In addition, the door seals and gaps on two fire and smoke containment doors required immediate attention.

- Infection Control Issues:

-the provision of a fully equipped janitorial room, the repair of the hand washing sink and the provision of a new 'hands free' hand washing sink in the sluice room were required, to enhance infection control practices.

- Premises issues:

-some painting, scuff marks on wooden furniture and flooring in one room required repair and upgrading.

Documentation in relation to fire safety issues was forwarded following the inspection with appropriate action seen to be instigated in a responsive manner.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts were in place for all residents which detailed the fees, and outlined the bedroom number and if there were any other occupants in the bedroom, for each resident.

Judgment: Compliant

Regulation 3: Statement of purpose

There were some additions required to the room measurements in the statement of purpose to ensure the measurements aligned with those on the floor plan, as this was the document which underpinned the registration of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Specified incidents had been notified to the Chief Inspector in accordance with the

regulations, in a timely manner.

These included falls where a resident was hospitalised, or any sudden death.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded and were seen to be infrequent.

A review of the complaints book indicated that issues were proactively addressed.

There was an appeals process in place and contact details for the ombudsman and an independent advocacy service were available.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures, as required under Schedule 5 of the regulations, were in place and up to date. The new person in charge was amending these where relevant, for example, as the person in charge she was now the complaints officer and this information was seen to have been amended in the complaints policy.

Infection control policies and COVID-19 related policies were live documents which were found to be updated according to any new health protection surveillance centre (HPSC) guidelines.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through timely access to health care services and opportunities for social engagement. They stated that they were relieved that they did not experience an outbreak of the COVID-19 virus and they acknowledged the work and effort of staff and their relatives who had combined to keep them safe. Nonetheless, this inspection found that improvements were required in relation to infection control, premises upgrade, care planning and

fire safety

Accommodation for residents was laid out over the spacious single storey building. On the day of inspection there were 25 residents residing there with two vacant beds. There were 18 bedrooms in the centre currently consisting of nine single, fully en suite bedrooms, three double fully en suite bedrooms and six other double bedrooms, the occupants of which shared communal showers and toilets. Additionally, the provider had taken the decision to add an en-suite shower and toilet facility to three of these bedrooms. This work was well underway at the time of inspection as discussed elsewhere in the report. The aim of this was to provide more space and privacy for the residents. Residents in these rooms said they were looking forward to the completion of the works and the upgrade of their wardrobes and general bedroom decor, as this was noted to required upgrading as addressed under regulation 17: Premises. Assistive equipment such as a bath, hoists, wheelchairs and walking aids was available to residents. Each resident had an individual sling hoist for movement which was an additional measure to prevent cross infection.

Care plans were personalised and informative. In a number of cases they were signed by residents to indicate that they had been consulted in the process. The residents' assessment process was seen to involve the use of a variety of formal assessment tools and care plans were found to be sufficiently detailed to direct care. Following a review of a sample of these personal plans the inspector highlighted some aspects of the documentation which required review for consistency and completeness of records. Health care records were recorded by the GP, health care professionals, nurses, activity staff and consultants on a paper-based recording system, easily accessible to residents and staff. These records indicated that residents had attentive medical care in the centre and that consultations had also taken place over the phone during the more restrictive period, at the height of the pandemic. Dietitian visits to the nursing home had now resumed in person and documentation seen by the inspector confirmed this. Residents in the centre had access to psychiatry and palliative services and were facilitated to attend outpatient appointments. End of life wishes were documented and developed in consultation with residents where possible.

The inspector found that residents appeared to be well cared for: for example, they had good skin integrity, infections were treated and they were nicely dressed in their choice of clothes. Staff supported residents to maintain their independence where possible. The GP reviewed residents' medicines on a three-monthly basis and the pharmacist carried out audits of practice to ensure it was professional and safe. A policy to inform the management of restraint was available. The number of bed rails in use had been revised downwards following risk assessment and this practice was reviewed and risk assessed regularly to ensure residents' rights were respected and supported.

Staff in the centre monitored residents and staff for COVID-19 infection and residents and their families were informed of any test requirement. Vaccinations against the virus had taken place for staff and residents. The contingency plan and preparedness for the management of an outbreak of COVID-19 was seen to be a

comprehensive document. The inspector spoke with members of the housekeeping staff who were aware of the products to be used to prevent COVID-19 infection. The Health Information and Quality Authority (HIQA) COVID-19 assessment plan had been used on a three monthly basis to audit the key aspects of infection control arrangements. However, the inspector observed that there were a number of issues requiring attention to enhance infection prevention and control as outlined in detail under regulation 27 in this report.

The fire safety system conformed to the L1 requirements. Staff spoken with explained to the inspector in a clear manner how they would respond to a fire alarm. Daily, weekly and three monthly fire safety equipment checks were undertaken. Certificates were available for quarterly and annual checks. Regular fire drill records were available for inspection and all staff had attended the annual fire safety training and evacuation. Maps on display in the corridors include colour coded identification of the various fire safe compartments used for horizontal evacuation: that is evacuation of residents along a corridor from one area to another away from the fire protected by fire safe doors which contained fire and smoke for a defined period. Nevertheless, a number of issues were identified by the inspector relating to the maintenance of the fire safe doors and maintaining improved records of evacuation drills with night time staffing levels.

The inspector found that residents were consulted about how the centre was run and felt linked and connected to the local community. Music sessions, quiz, bingo, skittles, knitting skills, pottery and pet therapy were facilitated. Advocacy services were accessible to residents as required. Staff spoken with were found to be generally knowledgeable about residents' likes, past hobbies, their home lives and interests. This supported a social programme and ethos which met resident's holistic needs. The managements staff ensured there were systems in place to safeguard residents from abuse and to promote a rights based approach to care, by ensuring residents had access to their relatives, external communication, independent advocacy, surveys, a complaints process and regular meetings.

Regulation 11: Visits

The inspector found that the registered provider had ensured that visiting arrangements were taking place in line with the current HPSC guidance. Visits were encouraged with appropriate precautions to manage the risk of introduction of COVID-19. Visitors were required to wear a suitable mask and show their COVID-19 vaccination record or other proof of immunity prior to entering the designated centre. There was a room set aside for visits.

Judgment: Compliant

Regulation 17: Premises

The inspector identified a number of issues, some of which are highlighted under regulation 27, in relation to the premises that required action:

- Woodwork, that is door bases, some wardrobes and architraving, and areas at the base of some walls required repainting and upgrading.
- Flooring required replacement in one room.

The inspector was informed that all the required works would be undertaken when the new bedroom extensions were completed after Christmas.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk register was populated with all the relevant risks. It included the risk of COVID-19 which was also assessed individually and available in residents' personal files.

The centre had an up-to-date health and safety statement in place as well as a fire safety policy and an emergency plan and procedure.

Individual risks had been assessed in residents' personal care plans such as for those at risk of falls, choking or absconsion.

Judgment: Compliant

Regulation 27: Infection control

A number of issues which had the potential to impact on effective infection prevention and control measures were identified during the course of the inspection.

Infection prevention and control practices in the centre required improvement. For example;

- The inspector was informed that resident's daily wash-water was emptied down clinical hand wash sinks in residents' rooms. This practice increases the risk of environmental contamination and cross infection especially where residents personal items were placed on the back of the sinks.

A number of infrastructural issues were identified which had the potential to impact on infection prevention and control measures. For example:

- There were no suitable housekeeping facilities available with sinks for

- emptying the cleaning buckets and hand washing for the housekeeping staff.
- Sections of some wardrobes and dressing tables were chipped which impeded effective cleaning.
 - Hand hygiene facilities required improvement. For example;
 - There was a limited number of specific hand wash sinks in the centre with many sinks being dual purpose used by both residents and staff.
 - The stainless steel hand washing sink in the dirty utility room did not comply with infection control guidelines.
 - The clinical hand washing sink in the hall was not working.
 - Sealant between some of the sinks and walls was not intact which did not facilitate effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

An immediate action plan was issued for fire safety assurance as follows:

- Gaps were noted in a set of double door in the main concourse. These rendered the fire and smoke containment of the doors ineffective.
- The intumescent, expandable strips on two doors designed to separate one compartment from another had been painted over which meant that the ability of the strips to expand would not come into effect to contain fire and smoke, as designed.
- While detailed fire evacuation drill reports were in place, these were required to be carried out with two staff on duty, to simulate night time staffing levels. In this way the highest risks would be identified in the largest compartment and staff would become more familiar and more efficient with evacuation where risks were high and staffing levels were at their lowest.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were carefully managed in line with An Bord Altranais agus Cnaimhseachais 2020 guidelines for nurses.

The sample of controlled drugs checked was seen to be correct and this stock was counted by two nurses at each change of shift.

The pharmacist supported good practice by auditing the use of psychotropic (a type of sedative) medicines and training staff if required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A small number of issues required improvement in the care plans developed to support residents' care.

- In one care plan seen by the inspector there was insufficient evidence available that the resident's weight loss had been followed up by appropriate steps as outlined in the MUST tool assessment (malnutrition universal screening tool) used to identify residents' at risk.
- In addition, one care plan relating to a resident's mobility, required updating as the resident's condition had changed in the period of time that had lapsed since the resident returned from hospital.

Judgment: Substantially compliant

Regulation 6: Health care

There was good access to local general practitioners (GPs) and a consultant, if required. Residents had availed of a range of other health professional advice and care such as weekly physiotherapy classes. Dental, optician and podiatry services were accessible to residents. Dietitian and speech and language therapist (SALT) visits to the nursing home were facilitated by the nutritional supplement company and documentation seen by the inspector confirmed that they provided input in residents' care plans when requested to review residents. There was also good input from local palliative care services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported by staff throughout the day of inspection. A review of relevant care plans indicated that residents had behavioural support plans in place, which identified potential triggers for behaviour escalation and any actions and therapies that best supported the resident. Residents had access to psychiatry of older age also.

The inspector observed that staff demonstrated knowledge and skills when

supporting residents experiencing responsive behaviour such as distress or restlessness. For example, this included talking with residents in a calm voice, engaging them in suitable activities and sitting with them, providing assurance.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse.

All staff had An Garda Síochána (Irish police) Vetting (GV) disclosures in place, prior to commencing employment in the centre. The registered provider facilitated staff to attend training in safeguarding of vulnerable persons, and all staff had completed this training.

Those spoken with were knowledgeable of how to report any allegation of abuse. Records reviewed by the inspector provided assurances of the ongoing commitment to training and addressing any allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there was a rights-based approach to facilitating residents to live life to the full and in their chosen way, in the centre.

Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were made aware of any changes in the centre. Residents felt that their rights were respected and that an advocacy service was accessible to provide additional support if they required external, independent advice.

Residents said that their choices were respected in relation to, meals, bedtimes, to access outdoor space, personal phone use, TV viewing and access to newspapers.

The hairdresser and the chiropodist visited on a regular basis and these visits were documented. The chiropodist was present on the day of inspection.

Residents were seen to wear their choice of clothes, their reading glasses and hearing aids which they described as "essential".

Survey results described staff as very kind and helpful and one person living there said that the centre was lovely and said that staff "couldn't do enough" for them. One resident was heard to thank a staff member saying "you are so kind to us". The

staff member reassured the resident that "it was no bother".

One local man was glad to have "care and company" in his older years.

One female resident said "a hotel couldn't keep up with them". She was heard to chat and engage others in conversation throughout the day which added a vibrant, lively feel to the place.

The inspector found that residents' lived experience was enhanced by the human interaction in the communal rooms, by how residents engaged with each other and how staff played a gentle, supporting role in residents' daily lives.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially 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 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cahereen Residential Care Centre OSV-0000208

Inspection ID: MON-0034124

Date of inspection: 09/12/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fire safety: drills undertaken on Dec 13th with night staff and plans for monthly drills going forward. Door seals and intumescent strips on containment doors replaced on Dec 14th 2021.</p> <p>Infection Control: Hand washing sink and hands free sink in sluice room completed.</p> <p>Premises issues: Have all been addressed and will be fully completed by 31/01/2022.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of purpose revised and submitted on 17/12/2021</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Repainting /Repairs: Items, identified on the report have been attended to.</p> <p>Flooring: New flooring ordered for bedroom 8 and will be fitted on or before 31/01/2022.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The majority of items identified on the report have been addressed already. All items will be completed by 28/02/2022</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>New intumescent strips fitted 14th Dec on double fire door. Intumescent strips painted over have been fully replaced Fire drill conducted on 13/12/2021 and monthly drill plan scheduled going forward.</p>	
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> <p>Dietician contacted and supplements now being taken. MUST being done on a monthly basis. Care plan updated as advised.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2022
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	31/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	28/02/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/01/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/12/2021
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	17/12/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	31/12/2021

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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