



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

## Issued by the Chief Inspector

Name of designated centre:	Cedar House Nursing Home
Name of provider:	Cedar House Nursing Home Company Limited By Guarantee
Address of centre:	35 Mount Anville Park, Goatstown, Dublin 14
Type of inspection:	Unannounced
Date of inspection:	19 July 2021
Centre ID:	OSV-0000023
Fieldwork ID:	MON-0033668

## About the designated centre

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

Cedar House is a single-story, purpose built nursing home under the care of the Society of the Sacred Heart. The building is set within the grounds of Mount Anville House and can accommodate 24 residents. Cedar House Nursing Home opened in 1983 to provide long and short-term nursing care for Religious of the Sacred Heart, and now accepts residents from other orders and lay-people. Residents over 65 will be accommodated, and 24 hour nursing care is provided to both male and female residents. There are a variety of scheduled activities on offer and residents privacy and dignity is a high priority.

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

Number of residents on the date of inspection:	22
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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
Monday 19 July 2021	08:30hrs to 17:30hrs	Margaret Keaveney	Lead

## What residents told us and what inspectors observed

There was a lovely sense of community in the centre, with ample space both indoors and outdoors for residents to spend time together or quiet time alone. The centre was calm, comfortable and homely. Some residents remained in their rooms throughout the inspection, while many others were observed using the dining room and sitting room to socialise in and for private time. Staff cared for residents in these rooms and interactions were observed to be warm and friendly. Although the residents received a good care and were well supported by experienced staff, systems were not in place for the oversight of staff training, risk management, infection prevention and control and fire safety.

The centre was made up of a single unit over one floor. Overall the premises was clean and tidy. The corridors were wide, clutter free and fitted with hand rails to facilitate residents to mobilise independently. The communal sitting rooms and areas were nicely decorated and provided television, radio and music systems for residents. There was comfortable seating for residents in communal areas which had been thoughtfully laid out to encourage social interactions between residents. Many communal areas offered views over the gardens to the back of the building. Residents had easy access to this large spacious garden, which was well-maintained and set out with flowerbeds and furniture. A group of residents told the inspector that they enjoyed observing the wildlife that regularly visited the gardens. Residents also had access to a library that was well-stocked with reading books, audio books, magazines and daily newspapers that focused on the interests of the residents.

There were 22 residents living in the centre on the day of the inspection. Each had a single en-suite bedroom space. Bedrooms were warm and comfortable and provided wardrobe and drawer space for residents to store their clothes and personal possessions. Lockable storage space was available for residents if they wished to use it. Residents were encouraged to personalise their bedroom space with throws, cushions, artwork and photographs to reflect their life and their hobbies and interests.

The inspector spoke with six residents and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there. The residents and relatives spoken with were happy with the facilities, accommodation and arrangements available to them. Residents told the inspector that they enjoyed great freedom of choice living in the centre, with one resident reporting that they were happy with the level of activities on offer in the centre.

All residents and visitors spoken with were highly complimentary of the person in charge and staff in the centre, and many expressed gratitude to them for all their hard work in keeping them safe during the COVID-19 pandemic. Residents described staff as 'generous of spirit', with one resident described staff as a 'great team'. The person in charge was visible on the floor chatting with residents and staff throughout the inspection. Staff were observed providing kind, gentle and

compassionate care to the residents. The inspector saw that staff were familiar with residents' needs and preferences, and had a person-centred approach to care. Staff were heard speaking to residents about the local news, their families and interests while attending to their needs.

Opportunities for residents to practice their faith and religion were facilitated and supported by the provider. There was a large oratory in the centre, in which residents could attend live or streamed daily mass. Pupils from a nearby school had performed a Christmas concert in the garden which residents had viewed from the oratory through floor to ceiling windows. One resident said that it was a 'memorable occasion'.

Visitors to the centre were checked for symptoms of infection at the reception area and were requested to practice hand hygiene and wear a mask. The inspector observed visitors throughout the day and that residents could also receive visitors in dedicated areas, their bedrooms or in the garden. Visitors spoken with were highly complimentary of the person in charge and staff. One visitor said that staff brought 'joy to all special occasions' in particular at Christmas time, while another described the care in the centre as 'utterly exceptional'.

Residents' preferences on how they lived their lives within the centre were seen to be respected. Residents could get up and go to bed when they wished. Meals were observed to be wholesome and nutritious, with the centres' vegetable garden supplying some of the produce used. Mealtimes were observed to be a social and relaxed occasion with many residents choosing to dine together in the dining room. The centres' chaplain led an activities schedule that was tailored to residents' preferences. Residents reported that they enjoyed the activities on offer, in particular a monthly performance by a singer.

Although residents and their families were very happy with the care and services provided, the next two sections of this report will present findings in relation to improvements required under governance and management, training, fire safety, infection prevention and control in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

Improvements were required in the overall governance and management of the service to ensure effective oversight of the centre and to ensure that the delivery of care was safe and sustainable. Although resources in the centre were sufficient to meet the needs of residents, the inspector was not assured that there were robust systems in place to ensure that these resources were effectively managed, in areas such as auditing, risk management, fire safety and infection prevention and control. There was a clearly defined management structure in the centre. The management

team comprised of the provider representative, administration manager and person in charge. Together they ensured residents were provided with a good service which met their care needs.

Cedar House Nursing Home Company Limited is the registered provider for Cedar House Nursing Home. This was an unannounced risk inspection to monitor ongoing compliance in the centre. The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19. During this inspection, ongoing non-compliances with regulations 23 Governance and Management and 28 Fire precautions, along with non-compliances in regulations 27 Infection prevention and control and 16 Training and staff development were found which impacted the safety and quality of care of the residents. These non-compliances are discussed under each regulation later in the report.

Both the administration manager and person-in-charge were available throughout the day and were responsive to the inspection process. The inspector was assured that both were aware of their roles and responsibilities.

The management team had managed the service well and protected residents during the COVID-19 emergency. At the time of the inspection, no resident residing in the centre had contracted the COVID-19 virus. The centre had experienced one outbreak, involving two staff members in January 2021, which was closed by public health on 23 February 2021.

Monthly management meetings were attended by the administration manager, person in charge, centres' chaplain and catering manager. Items listed for discussion included staff training, visiting, facilities issues and upcoming celebratory events. However, from a review of the meeting minutes, the inspector was not assured that the provider had clear oversight of the quality of care being delivered and of the overall service being provided to residents. The management team had no auditing systems in place to monitor the quality of residents' care, complaints and resident's feedback. This lack of monitoring and oversight meant that gaps in the quality of care and service delivered to residents, identified by the inspector during this inspection, had not been identified by the provider and acted upon. For example, the inspector identified gaps in care planning, staff training and infection prevention and control measures. Staff appraisals were not completed on an annual basis to ensure that staff were appropriately supervised and developed in their roles and there was no formal induction programme in place.

The management team had no clear oversight or quality assurance programme in place to monitor infection prevention and control. Cleaning schedules and cleaning audits were not available to the inspector on the day of the inspection. The provider had compiled a risk register on clinical and non-clinical risks identified within the centre, and an additional register on COVID-19 specific risks. There was no oversight of risk management within the centre. The provider did not complete regular reviews or audits of identified risks to ensure that control measures and actions to manage the risks remained effective. The person in charge informed the inspector that risks were discussed as the need arose.

The provider had not completed an annual review report for 2020, and there was also no evidence that residents and families feedback had been sought by the person in charge to improve residents' care and services throughout 2020.

The centre was well resourced in most areas. It appeared clean, tidy and appropriately furnished. It was well maintained. However, as discussed under regulations 27 and 28, additional resources were required to mitigate the risk of infection in the centre and to ensure that safe systems were in place to care for residents in relation to fire risks.

The staffing numbers and skill mix on the day of the inspection were sufficient to meet the needs residents. The inspector observed that staff knew the residents well and that they were kind and person-centred in their approach when delivering care and attention. The inspector was informed that the centres' own cohort of staff had teamed together to provide cover throughout the COVID-19 pandemic and had made great personal efforts to protect and provide continuous care to the residents.

Staff were observed to be competent in their care of residents. However, robust monitoring of staff training was not evident on the day of the inspection with the registered provider unable to provide a complete record of staff training, evidencing that mandatory training in fire, manual handling and safeguarding the vulnerable adult or that the recommended COVID-19 enhanced infection control and protection training had been completed by staff. The inspector was presented with some training records, however there was no oversight system in place to ensure that staff received refresher training as required and for many staff their training was out of date. For example, in manual handling, safeguarding of vulnerable adults against abuse and infection prevention and control.

Staff appraisals were not completed on an annual basis to ensure that staff were assisted to develop in their roles and that any gaps in their skills identified and acted on. The inspector was informed by the person in charge that there was no formal induction programme in place for new staff. Therefore, the inspector was not assured that residents were cared for by staff with robust training and assessed competencies to meet residents' health and personal care needs.

The designated centre had a complaints policy which was accessible to residents and their families. The person in charge had responsibility for managing complaints in the centre and to ensure that complaints were responded to appropriately and records kept as required. A review of the centres' complaints log showed that the provider had received no complaints on the service provided to residents in 2020 or 2021. Residents spoken with were confident that any complaints or concerns they may have would be effectively dealt with by the staff and management. From discussions with various staff members the inspector was assured that staff were aware of how to act on a complaint received.

## Regulation 15: Staffing



The number and skill mix of nursing and care staff were appropriate to the assessed direct care needs of the 22 residents in the centre on the day of the inspection. A review of staff rosters confirmed that there was sufficient staff on duty both during the day and the night.

There was a registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector was not assured that staff in the centre were provided with access to appropriate training as the person in charge had insufficient oversight of mandatory training and the supervision of staff.

Up-to-date training records on safeguarding, manual handling, fire safety, hand hygiene and training in infection prevention and control specific to the management of COVID-19 were not available to the inspector on the day of the inspection.

Judgment: Not compliant

### Regulation 23: Governance and management

The provider did not have robust management systems in place to ensure that the service provided to residents, in accordance with the centres' statement of purpose (SOP), was safe, appropriate, consistent and effectively monitored.

While management meetings occurred on a monthly basis, the inspector were not assured that there was sufficient oversight across some areas within the centre. For example, on the day of the inspection, the inspector found:

- Key clinical information was not collected and analysed to monitor the safety and quality of the care delivered to residents.
- The provider had no system in place for the review of incidents and accidents involving residents, meaning that causes and effects were not analysed and acted upon to improve the safety of residents.
- Although the provider had developed a risk register of clinical and health and safety risks within the centre, there was no system in place for the review of identified risks. Therefore, the provider had insufficient oversight of the measures and controls identified for risks to ensure that they remained appropriate and if additional measures and controls were required
- There were no infection control audits completed which meant that identified infection control risks were not monitored to ensure that appropriate control measures were in place to minimise the level of risk posed.

- Up-to-date staff training records were not available on the day of inspection.
- The inspector was not assured that the provider had adequate precautions and training systems in place to protect residents from the risk of fire. This is further discussed under Regulation 28 Fire precautions.

An annual review report for 2020 had not been completed. There was no evidence that residents and families feedback on the service had been sought since the last inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre, which was prominently displayed at the entrance of the centre. The centre's complaints policy which was last reviewed in September 2019. The policy clearly stated the personnel involved in the management of and the appeal process for complaints and the procedure to be followed upon receipt of a complaint.

A complaints record log was provided to the inspector for 2020 and 2021.

Judgment: Compliant

### Quality and safety

Overall residents living in the centre were observed to receive a good standard. The inspector saw that residents were attentively cared for and attended to by staff, and residents gave positive feedback regarding their care. However, improvements were required in risk management to ensure that risks identified in the centre were reviewed and improved. The inspector also found that improvements were required in care planning, in cleaning procedures and in fire precautions.

The inspector reviewed five resident records which evidenced that pre-admission assessments had been completed. This ensured the ability of the centre to cater for the personal, medical and social requirements of residents in advance of them being admitted to the designated centre. Validated risk assessments were also completed within 48 hours of the residents' admission, and were regularly reviewed thereafter to assess various clinical risks, such as the use of restraint, pain, pressure areas and falls. However, the inspector found that completed assessments for some residents, had not been used to develop and inform care plans. For example assessments of malnutrition, pressure ulcers and skin care. A review of the care plans that had been completed assured the inspector that they detailed person centred care.

Residents' health and well-being was promoted by assessments by staff and by consultation with external professionals. Residents had timely access to general practitioner (GP) services and to health and social care professionals as requested by residents or as required. Three general practitioners visited the centre as required to review residents and prescribe treatment if required. Many residents had chosen to retain the services of their own GP and this preference had been respected.

Residents were safe in the centre and protected from abuse. Residents confirmed they felt safe in the centre and felt able to talk to staff if they had any concerns. There was a policy in place to guide staff to safeguard residents. Staff had attended safeguarding training and were aware of their responsibility to keep residents safe. A restraint free environment was promoted in accordance with best practice, national guidance and risk assessments. The inspector was informed that the provider was not a pension agent for resident's pensions.

Due to the COVID-19 pandemic, there was a reduced schedule of social activities available to residents. The centres' chaplain organised and led meaningful one-to-one and small group activities, which were focused to residents' interests and preferences. Activities included a weekly crossword club, one-to-one chats, group chair exercises, one-to-one exercises, walks in the garden, prayers and music. The inspector was informed that plans were in place to reintroduce some pre-pandemic activities, such as regular visits by the therapy guide dog and performances by a professional singer. When weather allowed some residents liked to go outdoors for walks and spend time in the garden. Residents had good access to radios, televisions, telephones and daily newspapers. Residents had access to voting and to advocacy services where required.

Mealtimes were observed to be a relaxed and enjoyable social experience for residents. Staff were seen to engage kindly with residents and to discreetly attend to them when required. A choice of meal was not displayed on the printed menu. However, when requested, the chef tailored the menu to meet residents' preferences. Residents spoken with confirmed that such requests were willingly obliged and that the chef was familiar with their likes and dislikes. The inspector saw that drinks and snacks were provided between mealtimes, and that the chef catered for special events such as birthdays.

Visitors were welcomed to three dedicated visiting areas in the centre and were encouraged to participate in residents' lives. A member of staff had responsibility for ensuring infection prevention and control precautions were in place should a visitor or other person enter the building. These included a COVID-related questionnaire to be completed along with a temperature check, hand hygiene and mask-wearing. On the day of the inspection, updated Health Protection and Surveillance Centre (HPSC) guidance on visiting came into effect which stated that there was no longer a requirement for visitors to schedule visits with residents in advance. However, the provider had decided to retain the booking system for visitors in order to manage footfall and ensure that adequate cleaning could be completed between visits. The inspector was informed that the need for the booking system would be reviewed in

the weeks following the inspection.

There was a risk management policy in place which referred to the requirements of the regulations. However, the registered provider was unable to provide details of the measures and actions for staff to follow in the event of the unexplained absence of any resident or following an incident of self-harm by a resident. The provider maintained a risk register for the centre, which included risk such as slips, choking and medication management. There was also a COVID-19 risk register including risks such as the outbreak of infection, absence of person in charge and resident care. However, as mentioned under regulation 23 Governance and Management, the provider had poor oversight of the registers.

The risk policy outlined procedures for the management and reporting of non-serious and serious incidents at the centre. The inspector found that the registered provider had arrangements in place for the identification and recording of incidents involving residents and the inspector reviewed comprehensive incident records. However, following the previous inspection, the provider had committed to establishing a clinical review meeting, at which clinical risks would be discussed and actions taken as necessary. However, this meeting had not been set up by the provider, and there was no evidence of analysis of incidents, therefore the inspector was not assured that the provider had good oversight of clinical risks and clinical incidents that occurred within the centre.

The centre had an up to date policy to support staff in relation to COVID-19 and infection prevention and control which incorporated the HPSC guidance in relation to COVID-19. The inspector observed that face protection masks were worn by staff and that staff adhered to good hand hygiene techniques.

The laundry facility was visited and was observed to be clean, well ventilated with appropriate facilities such as an washing and drying equipment and a hand wash sink. The provider had also provided adequate cleaning resources, including appropriate sluicing facilities, and sufficient storage space for all cleaning equipment. The household team spoken with had a system of colour-coded cleaning cloths in place, with appropriate separation of clean and unclean items during cleaning processes. However, as infection control audits were not completed in the centre, the provider had not identified poor practice in relation to cleaning procedures, such as cleaning cloths not being set aside after each use. The inspector also identified other infection control practices within the centre did not comply with the standards, such as open trollies for the transport of clean linen and the storage of unlabelled bars of soap in shared bathrooms.

The fire procedure and evacuation plans were prominently displayed in the centre. Fire escape signage to guide residents, staff and visitors to the assembly area in the event of emergency was evident. The external fire exit doors were observed to be free from obstruction. The provider had addressed some fire safety issues identified at the previous inspection, such reducing the size of fire compartment and fitting doors with self-activation devices linked to the fire alarm. The inspector was informed that staff were provided with access to training on the use of firefighting equipment twice yearly. However, on the day of the inspection, the inspector was

not assured that the person in charge had good oversight of staff training in fire safety or that staff were adequately prepared for fire evacuations. This is further discussed under regulation 28 Fire precautions below.

### Regulation 11: Visits

The registered provider had suitable arrangements in place to ensure that visits between residents and their families were safe. Visitors were requested to comply with up to date infection prevention and control guidelines.

Judgment: Compliant

### Regulation 26: Risk management

Risk management policies specific to the unexplained absence of any resident and self-harm were not available on the day of the inspection. As a result, the inspector was not assured that there were sufficient mitigating arrangements in place to protect residents from these risks.

Incident records were not audited to identify learning and measures to prevent recurrence. Incidents were not regularly reviewed at the monthly management team meetings. Therefore, the inspector was not assured that the provider sought to identify incident trends and to implement improvements that would reduce the likelihood of such incidents recurring.

Judgment: Not compliant

### Regulation 27: Infection control

While many good infection prevention and control practices and procedures were in place as detailed previously in this report, the inspectors observed that improvement was required in the following areas:

- Insufficient hand sanitising facilities in resident areas
- Personal items, such as bars of soap, were stored in shared bathrooms and were not labelled with residents' names
- The same leaning cloths were used to clean multiple bedrooms and were not set aside for washing after each use
- No maintenance certificate available to show that the bedpan washer had been serviced as required and no evidence that a service had been arranged
- No cleaning schedules, or planned or completed cleaning audits were

- available to the inspector
- Laundry transport trollies for distribution of clean linen were open and did not adequately protect clean linen from inadvertent contamination

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector found that the registered provider had not provided suitable training in fire emergency procedures to staff. Therefore, the inspector was not assured that staff in the centre were adequately prepared for the procedure to be followed in the case of fire, and for the safe and timely evacuation of residents:

- Night-time fire drills had not been completed
- A daytime fire drill had been completed but the drill report did not include enough information to provide assurance that staff were adequately prepared for the evacuation of residents in the event of a fire. The report did not detail whether the drill simulated a single room or compartment evacuation, the number of staff who attended the drill or the time taken to complete the drill
- No formal fire alarm testing arrangements were in place
- Daily checks on means of escape referred to corridors only, fire exits were not referenced

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Staff used a variety of accredited tools to complete assessments on residents needs at the time of admission. However the inspector observed that in three of the five resident records reviewed, care plans had not been developed to meet the residents' needs that had been identified in the assessments.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to medical and allied health care services. General practitioners completed a full review of residents under their care on a four monthly basis.

The residents had access to physiotherapists, occupational therapist, dietitian and speech and language therapist via a referral process

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place which was regularly reviewed. The inspector found that all reasonable measures were taken to protect residents from abuse.

Staff spoken with were knowledgeable on their responsibility to protect residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had daily papers and shared access to TV and radio. There was access daily religious services in the centre with a priest visiting three times per week and a streaming service on other days. Residents had good access to visitors.

The provider ensured residents' voices were heard through residents' meetings which were chaired by the centres' chaplain. Residents were facilitated to vote in elections at the nursing home and exercise their civil and political rights. Advocacy services were displayed on notice boards throughout 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Cedar House Nursing Home OSV-000023

Inspection ID: MON-0033668

Date of inspection: 19/07/2021

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff will complete safeguarding, manual handling; fire safety; hand hygiene; and infection prevention and control training, as per mandatory guidelines.</p> <p>A system of staff appraisal will be developed.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A clinical report will be provided by the Person in Charge, for inclusion with the minutes of meeting;</p> <p>A system of clinical and non clinical audits will be developed.</p> <p>The risk register will be reviewed at the monthly management meetings;</p> <p>All staff will complete training.</p> <p>Resident feedback will be sought through distribution of questionnaires to residents and their family members, and through resident meetings. The feedback will be discussed at the monthly management meetings.</p>	

Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Policies for unexplained absence and self harm will be reviewed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Extra hand sanitisers will be added. All non labelled soaps etc are removed from shared shower facilities. Cleaning cloths are only used in one resident room, and then laundered. A maintenance schedule will be set up for the bedpan washer. A cleaning schedule has been developed. Cleaning audits will be included in the audit programme. Covers for linen trollies will be sourced.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire training was carried out on Thursday 16th September 2021 at 18.00. Staff were taken outside where fire extinguisher operation and uses were discussed. A number of staff extinguished a Class B fire. Night staff received instruction on the fitting and use of emergency evacuation sheet. The 2 night staff carried out an alarm response and evacuation procedure took place. (Room 1 was used as a training room). Further training for Day and Night staff for evacuation will take place by 26th November 2021.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual</p>	

assessment and care plan:

Care plans have been developed to meet the residents' needs.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	01/11/2021
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.	Not Compliant	Orange	01/11/2021
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre	Not Compliant	Orange	01/11/2021

	to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	01/11/2021
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	01/11/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Not Compliant	Orange	07/09/2021
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5	Not Compliant	Orange	07/09/2021

	includes the measures and actions in place to control self-harm.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Not Compliant	Orange	10/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	26/11/2021
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	Not Compliant	Orange	26/11/2021

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	01/09/2021