



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

Issued by the Chief Inspector

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| Name of designated centre: | Maypark House Nursing Home |
| Name of provider: | Maypark Lane Limited |
| Address of centre: | Maypark Lane, Waterford |
| Type of inspection: | Unannounced |
| Date of inspection: | 26 May 2021 |
| Centre ID: | OSV-0000249 |
| Fieldwork ID: | MON-0033197 |

About the designated centre

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

Maypark House Nursing Home is located in the south east side of Waterford city close to shops and local amenities. The premises was originally opened as Maypark House and was built in 1780's. The house was converted to a private hospital in the early 19th century and then to a nursing home. While there had been significant extensions and renovations since then, the overall design and layout of the premises is largely reflective of a large house from this period. The centre is registered to provide care to 38 residents. Residents' private accommodation is laid out over two floors and is provided in a mixture of single, twin and one three bedded room. Communal accommodation including a large sitting, dining and conservatory area is located on the ground floor. There is an activities room, physiotherapy room and hairdressing room for residents use also on the ground floor along with a parlour on the first floor. There is also a beautiful church where Mass is held weekly attended by residents and their families. Residents have access to an external enclosed garden to the rear of the building plus a secure decking area to the front of the building. There are extensive gardens around the centre. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents and the centre provides in house physiotherapy services a number of days per week.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 20 |
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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 |
|-----------------------|----------------------|-----------------|------|
| Wednesday 26 May 2021 | 09:05hrs to 16:30hrs | Catherine Furey | Lead |

What residents told us and what inspectors observed

The inspector arrived at the centre in the morning for an unannounced inspection. The centre had recovered from an outbreak of COVID-19 in January 2021. The outbreak had had a significant impact on the residents, their families and staff. However, from the observations of the inspector and from speaking to residents, it was clear that despite some pandemic restrictions still being in place, the residents received care and support of a high standard. The overall feedback from residents and visitors who spoke with the inspector was that the management and staff were supportive and kind. Residents expressed that they were very happy living in the centre.

On arrival to the centre, the inspector was met by the acting person in charge. A COVID-19 risk assessment and screening for symptoms was completed prior to accessing the centre. The entrance hall of the centre had signage in place and a video playing on a small screen which demonstrated correct hand hygiene practices, for the information of visitors. The centre is registered to accommodate 38 residents and there were 20 residents living in the centre on the day of inspection. The inspector greeted all of the residents in the centre and spoke in more detail with six residents to gain insights into their lived experience in Maypark Lane Nursing Home.

The centre is laid out over two floors, accessible via stairs or passenger lift. The inspector toured the premises with the acting person in charge and observed the newly refurbished wing of seven single ensuite bedrooms which were completed to a high standard and finish. This new wing became the initial zone for the cohorting and isolation of COVID-positive residents during the outbreak. Some residents spoke to the inspector about the outbreak, and the difficulties they faced during that time. One resident stated that they were grateful for all the support they received during the outbreak, and said they were kept informed by management at all stages. All residents spoken with were delighted that visiting restrictions had eased and that they could now spend more time with their families and friends.

The inspector observed residents were up and dressed and having breakfast in different areas such as the main foyer, the sun room and the dining room, according to their preferences. Residents were seen to walk independently through the corridors to the communal areas and their bedrooms. Assistive handrails were present in all areas. Residents who required some level of assistance were seen to be supported to mobilise by staff according to their capabilities. The inspector observed interactions between staff and residents and found that they were respectful at all times. Staff were seen to promote the privacy and dignity of residents throughout the inspection. Staff knocked on residents doors before entering, and were seen to listen and respond to residents in an efficient yet kind manner. One resident stated "we are spoiled here, the staff are top notch".

The centre had ample indoor facilities with various bright and spacious communal areas available on both floors. Photographs and residents artwork was displayed on

the walls and residents' bedrooms were personalised with their own belongings, soft furnishings and memorabilia. On the previous inspection, it was discovered that some residents were unhappy with the outsourced laundry service in use as there had been items lost and delayed in return. The inspector asked residents if they were happy with the current service provider and all stated that there were no issues. There were no current complaints documented about the laundry. The secure outside garden area had colourful seasonal flower beds and planters and tables and chairs for outdoor dining and activities. The centre had sufficient space to designate three areas to accommodate visiting. One of these included the large private church. One resident stated that they hoped that the visiting priest could return to saying Mass in the church, but that the online Mass was the next best thing. The inspector had the opportunity to meet with two visitors during the inspection, who were highly complimentary of the care their relative received since being recently admitted to the centre. They told the inspector that the admission process was straightforward and that they had been communicated with well by management. They expressed that their family member was doing very well since admission, having gained some weight and appearing happy and content.

On the day of the inspection, the activities coordinator was not on duty. Management confirmed that from June, the activities coordinator would be increasing from four days a week to five days. The physiotherapist was scheduled to work on the day the activity coordinator was off and was seen to conduct a large group based physio exercise class in the morning, which residents actively participated in. In the afternoon, a live music session was held and the majority of residents attended this. Staff were present to supervise and assist residents if required. During the session there was a friendly camaraderie and engagement between residents and staff, who sang and clapped along together to the music. Residents commented that they loved the live music and were glad that during the restrictions, the band played outdoors on the veranda for them. During the inspection, the inspector observed that when scheduled activities had finished, staff ensured that residents were kept occupied by listening to music, reading books and newspapers, and some residents preferred to spend time in their rooms relaxing. One resident chose to spend the day in his favourite spot in the sunroom, reading his magazines and paper and having his meals in this area. A call bell was within reach and the resident stated that he was "waited on hand and foot", with staff ensuring he was assisted with what he needed during the day.

The residents' dining experience was observed on the day. The issue in relation to the early timing of meals identified on the last inspection had been fully rectified. Meal times for both sittings at lunch time had been reviewed in consultation with the residents and the times had been adjusted slightly to ensure that those residents who enjoyed a later breakfast had sufficient space between each meal. Satisfaction surveys were conducted following the changing of the times to a slightly later lunch time and these indicated that 80% of the respondents strongly agreed and 20% agreed that the timing was satisfactory. Residents could have their meals in an area of their choice, most were facilitated in the dining room. There was seen to be adequate staff to support the residents during meals, which took place over two sittings. Wholesome and appetising food was served, with choice available for each course. Staff were observed to assist residents discreetly and were seen to converse

with residents during meal times. Throughout the day, the inspector observed plentiful offerings of hot and cold drinks and snacks. All residents that the inspector spoke with complimented the food that they were served.

Overall, the inspector observed a sense of well-being throughout the centre. Residents confirmed that they felt safe living in the centre. Staff affected by COVID-19 stated that they felt supported by management and they were happy to have returned to their work, which they enjoyed. The next two sections of the report will describe in more detail the specific findings of this inspection in relation to the governance and management of the centre, and how this impacts on the quality and safety of the service provided to residents.

Capacity and capability

The systems of governance and management in this centre were good, which ensured that the residents received a high standard of quality care. The provider ensured that the centre was adequately resourced and the centre had a history of good compliance with the regulations. The systems in place, while good, did require further strengthening to ensure that all potential risks were identified in a timely manner. This is discussed further in the Quality and Safety section of the report.

Maypark Lane Ltd., as the registered provider, is a limited company with two company directors, both of whom are involved in the operational management of the centre and are present in the centre on a daily basis. The senior nurse manager was currently in an acting role as person in charge on an interim basis due to the unplanned absence of the current person in charge. He was an appropriately qualified person to take on this role, having worked in the centre for a number of years in a clinical management capacity, and was responsible for the overall delivery of care. He was supported in his role by a registered nurse who would undertake the role of senior nurse manager for the interim period. Further supporting the management team were a team of nurses and healthcare assistants, a dedicated physiotherapist, catering, domestic and maintenance staff. An activities coordinator ensured that residents social needs were met.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. The centre had experienced a COVID-19 outbreak at the start of the year which affected 16 residents, five of whom had sadly passed away due to complications arising from the infection. The inspector acknowledged that the residents and staff had been through a very challenging time. The centre had successfully implemented their COVID-19 contingency plan and engaged regularly with the Public Health department, ensuring that the outbreak was well managed. Despite a number of staff also contracting the virus, the centre had managed to maintain safe staffing levels during the outbreak with a combination of agency staff and redeployment of staff from their sister nursing home. The focus now was centred on the full rehabilitation of residents who had contracted the virus.

There was good communication systems within the centre, evidenced by regular meetings which were held across all departments. In addition, management meetings were held with the sister nursing home, to share information and learning. There was evidence of regular engagement with the residents and their families during the pandemic. Regular residents meetings were held during the pandemic, and families were kept up to date regularly. Residents and families views and feedback were captured through satisfaction surveys. When the response to paper-based surveys was low, the centre introduced an online survey which resulted in a high return rate. In response to feedback that families would like more information with regard to the centre's infection control procedures, an information leaflet was devised and circulated to all families and residents.

The quality and safety of the service delivered to residents was monitored through a regular schedule of auditing, including audit of restraints, complaints, falls and infection control procedures. A review of these audits was conducted by the inspector and all were seen to be comprehensive, with analysis of the findings used to develop action plans for improvement. Audit results were shared at meetings and were incorporated into the annual review of the quality of care for 2020.

Staffing within the centre was maintained at an adequate level to meet the needs of the residents. The provider confirmed that staffing levels were kept under review based on the occupancy and dependency level of residents in the centre and would be adjusted accordingly. Absences occurring at short notice were filled by the centre's own complement of staff. A review of the staff rotas confirmed that recent staff absences had all been covered. Staff were provided with mandatory and additional training and courses were completed via a combination of both online and face to face methods.

Complaints management in the centre was good. On the day of inspection, there were no open complaints. A review of closed complaints showed that all complaints were investigated and well managed as per the centre's own policy. Complaints were audited and analysed to minimise repeat incidences of complaints.

Regulation 15: Staffing

On the day of inspection, with regard to the size and layout of the centre, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. Inspectors observed that the staff providing care for residents were knowledgeable regarding the residents' individual needs. The staff roster was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspectors confirmed that there was a high level of training provided in the centre. The training records confirmed that all staff had received training in safeguarding vulnerable adults, management of behaviours that challenge, moving and handling, and fire safety. Comprehensive online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE). The training schedule was reviewed and this showed that training was planned throughout the year for all staff.

The acting person in charge and acting senior nurse manager were responsible for the supervision of staff daily and worked opposite each other to fulfil this requirement.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. In the absence of the person in charge, there was a newly defined management structure in place with identified lines of accountability and authority. Inspectors spoke with staff who were knowledgeable about their individual roles and responsibilities and the roles and responsibilities of other staff members.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2020. This included detailed analysis of audit results, with clearly defined quality improvement plans for 2021. The annual review incorporated feedback and consultation with residents and families.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's accident and incident log which confirmed that incidents set out in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013) had been notified to the Chief Inspector within the required time frames. All submitted notifications were well managed in line with the centre's own policies and procedures.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider had submitted a notification of absence of the person in charge to the Chief Inspector which included the procedures and arrangements that will be put in place for the management of the centre during the absence.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was displayed in the main reception area and contained all the information as required by the regulation. The centre's complaints log was reviewed, and all complaints were seen to have been acknowledged and investigated thoroughly and included regular documented updates on the investigation into the complaint. The satisfaction of the complainant was documented for all complaints. Staff whom the inspector spoke with were knowledgeable about the complaints procedure. Residents confirmed that any concerns or complaints they had would be dealt with and they were confident to highlight issues to staff members.

Judgment: Compliant

Quality and safety

Overall, it was evident that the residents of Maypark House Nursing Home were supported to achieve and maintain and a good quality of life in this centre. The rights of the resident were at the forefront and there was evidence of good consultation with residents and their families. As a result, the inspector found that the residents experiences of living in the centre were positive. Residents welfare and individual needs were maintained by access to healthcare services and continued social engagement. Some improvements were required in relation to storage within the centre, care planning documentation, the management of behaviours that challenge and fire safety.

The premises is laid out to meet the needs of the residents and was clean and bright, with sufficient seating and areas for residents to spend time alone or in groups. Residents were seen to walk around in an unrestricted environment, and staff were seen to offer assistance to residents in a dignified and supportive manner.

Some improvements in the storage facilities within the centre were required as detailed under Regulation 17. The centre had an up-to-date fire evacuation plan and had sufficient aids to assist in the evacuation of residents from the centre. However, the systems in place to monitor the oversight of fire safety, in particular the improvement of individual personal emergency evacuation plans (PEEP's) and improved fire drills required review. This is discussed in detail under Regulation 28.

The centre evidenced a commitment to enhancing the quality of life of the residents, as seen by the strong focus on the rehabilitation of residents post COVID-19 infection. The inspector found that residents' healthcare needs during the outbreak had been well coordinated by management. A sample of the care plans of residents who had contracted COVID-19 were reviewed and it was evident that all efforts had been exhausted to ensure the needs of the residents were met during this time. Residents were supported to access to a general practitioner (GP) of their choice and there were appropriate referrals made to local geriatricians and palliative care services. Ongoing medical reviews and assessment of medical needs such as malnutrition, skin breakdown and mobility using validated assessment tools ensured that the health of the residents was promoted. While care plans were generally seen to have good detail, some care plans required review, as detailed under Regulation 5.

The inspector was informed that a small number of residents with a diagnosis of dementia were displaying behaviours that challenge. The coordination of care for residents displaying these behaviours required review as behavioural support plans were not in place for all of these residents. This is further discussed under Regulation 7. There were six residents using bedrails on the day of inspection. While this was considered to be high, there was evidence of good consultation with and consent by the resident and where appropriate, their families when bedrails were in use. There was a documented collaborative approach to the use of bedrails by the multidisciplinary team including the GP and physiotherapist. Use of bedrails was individually risk assessed and there was evidence of alternatives trialled prior to their use, and continuous review and release charts were in place. The acting person in charge demonstrated a commitment to the continued regular review of all restraints within the centre with a plan for further reduction.

The centre had implemented its COVID-19 contingency plan which assisted in the management of the recent outbreak. The layout of the building allowed for identified areas to be used to cohort and isolate residents to prevent cross contamination. The centre had engaged proactively with Public Health experts during the outbreak and followed the guidance provided to them. Procedures remained in place for surveillance and testing for COVID-19 including daily screening of all residents and staff for potential symptoms. Regular fortnightly testing of staff continued. Staff were observed to adhere to best practice guidelines in relation to infection control procedures such as efficient hand hygiene and the correct wearing of PPE. The person in charge had prepared a comprehensive COVID-19 outbreak review and this detailed the issues identified during the outbreak, and the actions and recommendations required to be implemented, should a further outbreak occur.

During the outbreak, group activities were suspended in line with national guidance.

One-to-one activities had continued to take place to ensure the social needs of the residents were maintained. On the day of inspection, it was seen that a full programme of activities had returned, facilitated by a dedicated activity coordinator. The centre had a large activity room and activities also took place in the in the main sitting room, and outside when possible. Residents meetings were held regularly and a review of the meeting minutes identified that residents were kept informed of all developments during the outbreak and thereafter. The views and opinions of the residents were sought and the results of satisfaction surveys for residents and families showed a very high level of satisfaction with all areas of the service provided. Individual choice was promoted and this was confirmed by residents who spoke with the inspector.

Regulation 11: Visits

Indoor visiting had recommenced in line with the most recent Health Protection Surveillance Centre (HPSC) guidelines. Three secure visiting areas had been set up which enabled safe visiting within social distancing guidelines. Visits were scheduled in advance and there was a process in place to minimise the introduction of infection including completion of a risk assessment and screening for symptoms. The centre also facilitated visiting for compassionate reasons and window visits.

Judgment: Compliant

Regulation 12: Personal possessions

The issues identified on the previous inspection with regard to the management and safe return of residents clothing that went to the laundry service were found to have been fully rectified. There were no concerns raised by residents about the laundry service and management confirmed that the system was working efficiently. All residents had adequate space to store and maintain their belongings in their rooms and had access to a secure lockable storage facility for the safe-keeping of personal money and valuables.

Judgment: Compliant

Regulation 17: Premises

Storage in the centre required review. Sluice rooms were inappropriately used to store clean items such as commodes. Two storage rooms were identified by signs on the doors as sluice rooms however did not containing any sluicing facilities such as

bedpan washers. These rooms contained clinical and non-clinical waste bins which were in use and also stored a cleaning trolley, cleaning supplies other household items.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 27: Infection control

Throughout the outbreak of COVID-19, and subsequently, the registered provider had implemented infection control procedures in line with evidence-based practice and current guidelines. Procedures for the decontamination and cleaning of the centre were strong, and housekeeping staff were very knowledgeable about correct cleaning products and techniques. Cleaning checklists were in place and included the regular deep cleaning of both in use and vacant rooms. High use areas were cleaned frequently.

The inspector saw that new admissions to the centre and residents returning from hospital stays were appropriately isolated on a precautionary basis as per current guidelines. Staff had access to a supply of PPE and were observed to use this correctly.

Judgment: Compliant

Regulation 28: Fire precautions

Assurances were required around the safe evacuation of residents in the centre with regard to the following:

- Residents' individual PEEP's were held at the nurse's station. There was no

PEEP located within a resident's room. This meant that in the event of a fire there was no easily accessible way to determine the mobility status of the resident, the method of evacuation and the number of staff required to assist the resident in the event of a fire. This action was completed following the inspection.

- Timed fire drills for the centre's largest compartment of seven residents were conducted with the lowest staffing levels of three staff, however they simulated the current occupancy only, and did not simulate an evacuation if the compartment was full. The registered provider was requested to simulate a full compartmental evacuation and submit the record to the Chief Inspector following the inspection, and this was completed to a satisfactory level. Regular drills of this nature are required to ensure staff are familiar with the process.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans required review to ensure that only the most up-to-date information was contained within the care plan. In a number of care plans, new information was seen to be added to the care plan, without deleting the prior contradicting instructions. This could lead to confusion in the direction of care and potential errors.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a good standard of health care in this centre. The resident's GP's had recommenced in-person visits following the COVID-19 outbreak and were available on an as-needed basis on weekdays. The centre's physiotherapist was onsite two days a week to provide individual therapy and facilitate group exercise sessions. Other allied health professionals such as specialist wound care and speech and language therapy continued to support residents remotely via telephone, video and email consultations, however some services were beginning to return to the centre, for example occupational therapy and community psychiatry services for older persons.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans were in place for some residents identified as displaying behaviours that challenge, however one resident's care plan had only been completed on the day of inspection, despite the resident being admitted over four weeks previously. This care plan did not identify potential behaviour triggers or detail techniques to de-escalate the behaviour to ensure that these episodes were managed and responded to efficiently. The lack of a documented approach to each resident's individual behaviour needs could result in an escalation of behaviour and compromise the wellbeing and safety of the resident, staff and fellow residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' right to choice, privacy and dignity were respected in this centre. Minutes of the residents meetings identified that residents were consulted with before, during and after the COVID-19 outbreak. This was confirmed by residents who spoke with the inspector. Following the outbreak, scheduled activities were returning to normal, and there were daily opportunities for residents to participate in a range of different group or individual activities. These were carried out in accordance with public health advice and inspectors observed that there was space to facilitate social distancing.

Interactions between residents and staff were seen to be respectful and considerate. Residents had access to local newspapers, radios, telephones and television to maintain lines of communication and keep up to date with current affairs.

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 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 32: Notification of absence | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Maypark House Nursing Home OSV-0000249

Inspection ID: MON-0033197

Date of inspection: 26/05/2021

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 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: Clean items have been removed from sluice rooms. Appropriate signage is now in place on all rooms that contain sluicing facilities. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: Individual PEEPs are now located within each residents bedroom. Timed compartmental evacuations will continue and will now take into account evacuation from the largest compartment of seven residents. | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A review of resident care plans has taken place to ensure that only the most up to date information is recorded. | |

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| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>A review has taken place for all residents identified as displaying behaviours that challenge to ensure all relevant care plans are in place. A weekly audit of responsive behaviours is now conducted by the SNM to ensure that all residents exhibiting responsive behaviour have a personalised care plan in place which is updated to reflect current management. Responsive behaviour logs completed by staff are also reviewed on a weekly basis to identify triggers and ensure appropriate interventions are utilised and where necessary there is multidisciplinary team involvement. Findings of the weekly audit will be communicated to staff in morning handovers.</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 | 24/06/2021 |
| 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 designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 01/06/2021 |
| Regulation 28(2)(iv) | The registered provider shall make adequate | Substantially Compliant | Yellow | 01/06/2021 |

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| | arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | | | |
| 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 necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 24/06/2021 |
| Regulation 7(2) | Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive. | Substantially Compliant | Yellow | 24/06/2021 |