



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	SignaCare New Ross
Name of provider:	Signacare New Ross Ltd
Address of centre:	Newtown Commons, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	11 May 2021
Centre ID:	OSV-0000252
Fieldwork ID:	MON-0032933

About the designated centre

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

This centre is a purpose-built facility which can accommodate a maximum of 62 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

The registered provider is Prudent Healthcare New Ross Ltd. This centre is situated on the outskirts of New Ross beside a residential estate. It is constructed over two floors with access via passenger lift and stairs. Bedroom accommodation consists of 54 single and four twin rooms, all with full en-suite facilities. Sufficient communal accommodation is available including day rooms and dining areas as well as an oratory and sun room. There are a number of toilets and bathrooms located throughout the building. Kitchen and laundry facilities are located on the ground floor. Open access to safe outside space is located at the rear of the building and there is ample parking space to the front and side of the centre. There are nurses and care assistants on duty covering day and night shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

55

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 11 May 2021	09:20hrs to 17:15hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Improved oversight of health care risks was required to ensure better quality and safety of care for residents however overall care provided was good and very person-centered. There was a collaborative approach to care which empowered and supported residents to make their own decisions about care and their daily life. There was an overall sense of calm in the centre which was beneficial to residents and staff alike. The inspector observed practices and spoke at length with seven residents to gain an insight into the lived experience in the centre.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. The centre was warm throughout and there was a relaxed and friendly atmosphere. The centre was clean to a high standard with the exception of some areas of the centre which required maintenance, for example, damaged paint work from wear and tear and one communal bathroom was awaiting tiling from recent renovations. The registered provider assured the inspector that these works would be completed as part of the centres ongoing maintenance plan. The centre was appropriately decorated and had many breakout areas and areas of interest for residents to relax in. Alcohol hand gels were readily available throughout the centre to promote good hand hygiene.

The centre was laid out over two floors which continued to operate separately as part of the centre's COVID-19 contingency plan. Each level had communal spaces and access to the outdoors. The first floor of the centre was accessible by a lift and a stairs which both had restricted access to by way of a key coded lock system. Residents living on the first floor were identified as having safety needs that required staff supervision and would be at risk of adverse outcome should they inadvertently wander out of the centre. If residents on the first floor wanted to go out in the garden they were assisted and supervised by a member of staff.

Residents were observed mobilizing independently around the centre, relaxing in the communal areas and accessing the enclosed garden at the rear of the centre. Residents were well groomed, clothing was clean and tidy and reflected each individual's choice. Residents had their hair maintained by centre staff who had a hairdressing background. Residents were relaxed around staff who were observed to engage with residents in a kind and respectful manner while also enjoying some friendly banter.

Some residents were still enjoying a late breakfast and the inspector observed the dining experience on both floors at lunch time. The inspectors' presence in the ground floor dining room initially quietened some of the chatter however it was observed to be a pleasant experience for residents. Dining tables were nicely set and residents were social distanced with a maximum of two at each table. Staff were available to provide assistance with meals and tend to everyone's requests and needs. There were picture menus displayed and ample food choices offered to residents. Residents told the inspector the food was good and they could have

whatever they asked for. Some residents added that the staff knew them so well they could almost predict their daily menu. Staff were discreetly assisting some residents to eat their meals and friendly and relaxed chat ensued. The kitchen staff served out food on trays and staff were available to serve lunch to residents who chose to eat lunch in their bedrooms. On the first floor of the centre lunch took more time in order to meet the individual needs of residents. Staff in both areas were relaxed and friendly and assistance was dignified at all times. Staff displayed competency in many areas of care including person-centred dementia care, preventing responsive behaviours, infection control and activity provision.

There were excessive noise levels on the first floor in the morning. The TV was on in the day room, music was playing in the adjacent conservatory and in the nearby quiet room and one movement sensor alarm was ringing loudly. All of these noises could be clearly heard at one time in the main day space of the first floor where the majority of residents spent their time. Excessive levels of noise can be uncomfortable and can in some instances be a trigger for responsive behaviours. The Person in charge addressed the noise levels immediately and the lower volume of noise was a more relaxing environment for residents.

Residents were very complimentary about the staff and about the quality of care they received in the centre. For example, residents stated they never waited long periods for their call bell to be answered and there was always enough staff on duty to care for their individual needs and facilitate requests at any time. One resident stated that staff were 'top class' and couldn't do enough for you. All staff were approachable and kind and kept the residents spirits up when their visitors couldn't visit as normal. Residents said they felt very safe and could discuss any concerns with any member of staff without hesitation. One resident simply said it was a 'good place to be'. Visitors were observed in the centre throughout the inspection and residents told the inspector they had continued to have window visits throughout all levels of restriction.

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

Capacity and capability

Management systems in place were mostly effective, however some areas required review to ensure key aspects of the service were monitored and informed ongoing quality and safety improvements. For example, the oversight of pressure sore development required improvement, this is discussed under the quality and safety section of the report. The centre were very responsive to the inspection process and were working hard to reach full compliance with the regulations.

Signacare New Ross Limited was the registered provider and there were two company directors one of whom was the nominated representative for this centre. The centre is part of a group of four nursing homes and they are supported by centralised departments, for example, human resources and learning and development. There was a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities. The Person in Charge worked full time in the centre and was normally supported by a senior group manager who was temporarily re deployed and was not available at the time of inspection. The provider representative was supporting the centre in the absence of this role.

Three pieces of unsolicited information had been submitted to the Chief Inspector since the last inspection in January 2020. These concerns were around staffing levels, health care, infection control and communication with families. The inspector followed up on these concerns and found they were mostly unsubstantiated on inspection. The provider submitted a report on staff turnover following the inspection which identified that staff turnover was high in 2020 with approximately one third of staff leaving during that period. The report also identified genuine reasons for leaving and listed the centre's efforts to retain staff. There was ongoing review of staff turnover which was also impacted by the COVID-19 emergency in 2020. Ongoing recruitment efforts ensured that there were sufficient numbers of staff to provide care in line with the centre's statement of purpose. The centre currently employed approximately 65 staff. The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 restrictions. To date the service had managed to prevent an outbreak in the centre.

There were sufficient resources to provide care in line with the centre's statement of purpose. Management systems were in place to monitor the quality and safety of care and routine audits and feedback from residents informed ongoing improvements in the centre. The management team were undertaking to review their systems, to ensure risks highlighted by the inspection process were appropriately managed, for example, auditing of wound care, review of statutory notifications and staff turn over.

Notifications were generally submitted correctly to the Chief Inspector. Some information had not been submitted on the correct form or in the correct time frame. This was discussed during the inspection and the provider undertook a review of notifications from quarter four 2019 to quarter one 2021. Information submitted following the inspection found that two incidents of incorrect notification were made and corrective actions were taken.

There were sufficient staff available to meet the needs of residents. There was a minimum of two nurses on duty over 24 hours to allow the centre to implement their contingency plan for COVID -19 should they have a suspected or positive case. Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene. Additional staffing resources for activities had recently been put in place in the centre. An additional staff member was rostered for activities which resulted in a

specific activities person on each of the centre's two floors over seven days. Management felt that the additional resources were beneficial to residents well being and not only impacted positively on their day time experience but sleep patterns had also improved as residents were more engaged and occupied during the day.

Appropriate training was provided for all staff and an ongoing schedule of training had continued throughout the periods of restriction due to COVID-19. This was facilitated by on-line and remote learning where appropriate. On-site training had resumed and there were arrangements in place for ongoing training in the centre. Arrangements were in place to provide support and supervision to the staff in the centre. An annual staff appraisal ensured individuals' could address training needs and other factors related to their work. An additional training need was identified by the provider following the inspection.

The centre promoted the recording of concerns and complaints and used the information for ongoing learning and quality improvement. Based on a sample of complaints viewed there was responsive approach by management to engage with the complainant and find mutually agreeable solutions to issues and problems.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents. There were two nurses on duty at all times. Night time staffing levels were in line with the centre's contingency plan for an outbreak of COVID-19. The roster accurately reflected the staff on duty.

Judgment: Compliant

Regulation 16: Training and staff development

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

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

Judgment: Compliant

Regulation 23: Governance and management

Management systems required improvement around the monitoring of clinical care. Systems monitoring pressures sores, and falls had not identified risks found on inspection. The provider had undertaken reviews immediately following the inspection and submitted improvement plans.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Improvements were required to ensure that all statutory notifications were submitted to the Chief Inspector in accordance with regulations and in the time frames set out. Two notifications had been submitted incorrectly, the provider had undertaken to correctly submit the notifications retrospectively and ensure the correct procedures were followed going forward.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception and on each floor. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Quality and safety

There was a rights based approach to care in this centre. Management and staff promoted and respected the rights and choices of resident's within the confines of the service. Overall there were good standards of care provided, however some improvements were required to ensure the consistent application of evidence based health care particularly when a resident sustained a fall or was at risk of developing

a pressure sore.

Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments informed the residents care plans. More detailed guidance was required in care plans to ensure that all staff were guided to provide person-centred care in accordance with the residents' preferences and needs. For example, skin care plans did not always guide staff on the use of a special pressure relieving mattress. This did not impact negatively on care as staff knowledge of the residents needs was detailed and person-centered.

There was a choice of GP's in the centre and residents could choose to retain the services of their own GP if feasible. There was good evidence of referral to allied health professionals as appropriate, for example, wound specialist nurse, the chiropodist, physiotherapist and dietician. Residents' needs were met throughout the restrictions from COVID-19 and where appropriate referrals were remote but on-site assessments continued as required.

While the health care needs of residents were mostly met, improvements were required. Residents who had un-witnessed falls did not routinely have their neurological status assessed. This is a clinical assessment carried out to determine if a resident may have sustained a head injury and is used as a baseline to determine if a resident required medical assessment. This was discussed with centre management who undertook to review this and ensure best practice was followed. Improvements were also required around the prevention of pressure sores in the centre. Pressure sores have a negative impact on a residents quality of life and in many cases are preventable. The provider had initiated a review following the inspection and submitted additional information.

The centre continued to maintain robust infection prevention and control procedures to help prevent and manage an outbreak of COVID-19 and to date the centre had been successful in this. For example, daily symptom monitoring of residents and staff for COVID-19 continued and staff were continuing with routine screening. A successful vaccination programme was completed in the centre and there were arrangements for the vaccination of new residents and staff. Most of the staff were following the centre's policy on hand hygiene regarding hand jewellery and wrist watches however improved oversight would ensure that all staff were following best practice in this essential infection control activity. All staff were following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. The centre were operating as two separate units in order to continue to reduce the impact of a potential outbreak in the centre. Staff uniform policy had been updated and included mandatory changing of uniform when coming on and off duty. Housekeeping arrangements had been improved and cleaning procedures and frequencies were in line with the national guidance. Storage of clean linen trolleys in a communal bathroom required review as there was a risk of cross contamination from the bathroom environment.

The use of restraint was low in the centre and alternatives to bed rails were available, for example, low beds with protective falls mats adjacent to protect residents who were at risk of falling from bed. The centre were undertaking to review the restricted lift access as it had not been considered a restrictive practice. The lift between floors and the front door of the centre could only be opened by a key code and current practices in centre meant a member of staff would have to assist a resident to access the lift or leave through the front door. While this facilitated the centre to operate as two separate units for infection control reasons it had not been considered from a rights perspective. The provider was undertaking to review this, however the residents impacted most by the restriction had additional identified safety needs that required staff supervision.

Residents' rights were protected and promoted in this centre. Individuals' choices and preferences were respected and residents were encouraged to be involved in the organisation of service. This was achieved by regular resident meetings and ongoing daily engagement with residents and their families where appropriate. There were good examples of this collaborative approach to care whereby the service engaged with the resident, and or their family to find person-centred solutions to challenges that some residents encountered. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished.

Various levels of restrictions on movement in and out of the centre due to COVID-19 had initially impacted on the everyday experience of the residents. At times there were limited opportunities to see family members and meet friends, however following a successful vaccination campaign the centre were now receiving visits indoors and residents were very pleased about this. Visiting arrangements were in place to ensure residents could continue to see visitors of their choosing in a safe manner. Visiting was facilitated in the centre in line with national guidance and had continued through level five restrictions. There was a window visiting pod at the front of the centre with an intercom system to ensure residents and their visitors could enjoy comfortable and safe window visits. Residents could see their visitors in their bedroom or in a designated visiting room in accordance with their needs and preferences. Residents were kept informed about restrictions and visiting arrangements on an ongoing basis.

There was a proactive approach to risk management in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

Activity provision was returning to normal with the resumption of small group activities. Additional staff resources for activity provision had been recently put in place to ensure all residents had access to meaningful activities in accordance with their needs and preferences. This initiative had had a very positive impact on the daily experience of residents, for example, there were fewer episodes or responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical

environment). There was a recent live music session in the centre's garden which many residents enjoyed. Efforts continued to ensure residents had opportunities to maintain links with the local community, for example, the centre organised a recent fundraiser where residents and staff completed a 'roll and Stroll' over 100km and donated the proceeds to a local charity. Residents expressed high levels of satisfaction with the centre's activity programme. The ongoing review of activity provision afforded residents opportunity to try new things and meant that each individual's care plan was in accordance with their changing needs.

Regulation 11: Visits

Indoor visiting has resumed in the centre in line with the most up to date guidance for residential settings. There were designated areas within the centre available for visits and systems were in place to facilitate booking and safe visiting for residents. Window visits had continued throughout level five restrictions for COVID-19.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. A register of live risks was maintained and regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required to ensure storage of clean and shared linen was in line with infection control guidelines and did not pose a risk of cross contamination to residents. Clean linen was stored on trolleys in a communal bathroom and this posed a risk of environmental cross contamination to the clean items and ultimately to residents. This was a finding on the previous inspection also.

Improved oversight of the centres' hand hygiene policy was required to ensure all staff continued to adhere to the centre's robust infection control procedures. One staff member was observed to be wearing hand and wrist jewellery, and nail varnish. Hand hygiene is the single most important activity health care staff can

undertake to prevent the spread of infection. The wearing of jewellery and nail varnish impedes the effectiveness of hand hygiene and increases the surface area for infection/micro organisms to live.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs however it was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Improvements were required to ensure that appropriate and evidence based care was consistently provided to residents in the immediate post falls period. Residents who had un-witnessed falls did not routinely have their neurological status assessed to ensure they had not sustained a head injury. This assessment was essential to monitor a resident's condition and ensure they received the care they required.

According to information submitted from the centre 21 pressures sores had occurred since the previous inspection in January 2020, of those 14 had developed in the centre. There were three active pressure sores in the centre on the day of inspection. Following the inspection the centre undertook an in depth review of pressure ulcers that were sustained during the periods of January to May 2021 and found that earlier intervention by staff and increased knowledge may have helped in preventing the development of some of the pressure sores. A detailed action plan has been developed to address this important quality of life issue and includes additional training for staff and the development of a specialist nurse to lead on wound care in the centre.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Activity provision was returning to normal following long periods of social restriction due to

COVID-19 and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SignaCare New Ross OSV-0000252

Inspection ID: MON-0032933

Date of inspection: 11/05/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Our current weekly reporting of all clinical areas will continue and be discussed at the weekly Provider /DON meeting.</p> <p>Quality Improvements-We have introduced an extra pressure area check for all identified at risk residents, this will be reviewed weekly to encompass changes in residents’ condition, this will be completed daily by the nurse. Root cause analysis (RCA) details from incident report of any Pressure ulcer (PU) will be feedback at monthly team meeting and weekly DON/RPR.</p> <p>Additional Training for nursing staff and HCAS on prevention and early management of pressure ulcers building on our suite on training courses in our training academy. WE have a Tissue viability nurse and all residents were and are reviewed. WE will focus on early prevention through our education development.</p> <p>Daily safety pause introduction on each floor – risk residents identified, and team updated.</p> <p>Audit tool improvements to capture: root cause analysis data on each PU, each PU Root cause analysis sheet completed as part of incident management and learning shared with team. WE will link this to our robust risk management system</p> <p>Develop a lead Nurse for Tissue viability, prevention and management. A twice weekly review of falls will be completed by the DON/CNM to ensure that all steps are being completed post fall. Monthly team meetings will outline the learnings from Root cause analysis and trends of KPIs</p> <p>We have introduced a post falls review for nursing staff to ensure all steps are taken after each incident.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All deaths that occur in the centre are notified to DON and Registered provider pre inspection and will continue, reviewed in detail , using best practice on the identification of a sudden death. The provider will ensure that notifications are submitted in accordance to the regulations in the timeframe set out and discuss any queries with case holding inspector to ensure clear definition applied to NF01 notification.</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 linen trolley has been relocated to its designated storage area. Staff have been made aware of the hand hygiene policy and reminded that no jewellery, watches or nail varnish can be worn at work. This will be monitored by the DON and CNM on a daily basis. This is covered on our covid/ IFC audit standard compliance >90%,.</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>Care plans are reviewed and discussed with residents/representatives; however, this has not been documented by the nursing staff. All nurses have been informed that this should be documented in the family resident input section of the care plans.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>We have introduced an extra pressure area check for all identified at risk residents, this will be reviewed weekly to encompass changes in residents' condition, this will be</p>	

completed daily by the nurse. Root cause analysis(RCA) details from incident report of any Pressure ulcer (PU) will be feedback at monthly team meeting and weekly DON/RPR. Training for nursing staff and HCAS on prevention and early management of pressure ulcers. Daily safety pause introduction on each floor – risk residents identified, and team updated. Audit tool improvements to capture: root cause analysis data on each PU, each PU Root cause analysis sheet completed as part of incident management and learning shared with team. Develop a lead Nurse for Tissue viability, prevention and management. A twice weekly review of falls will be completed by the DON/CNM to ensure that all steps are being completed post fall. We have introduced an enhanced post falls review for nursing staff to ensure all steps are taken after each incident.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2021
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	28/05/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs,	Substantially Compliant	Yellow	21/05/2021

	the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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	30/06/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Yellow	30/06/2021