



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

Issued by the Chief Inspector

Name of designated centre:	Willowbrook Lodge
Name of provider:	NSK Healthcare Limited
Address of centre:	Mocklershill, Fethard, Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 September 2021
Centre ID:	OSV-0000302
Fieldwork ID:	MON-0032806

About the designated centre

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

Willowbrook Lodge is located just three miles from Cashel on the Fethard Road. The centre is a two storey facility with accommodation for 26 residents. There is accommodation for nine residents on the ground floor and 17 residents on the first floor. Accommodation comprises 10 single bedrooms, five twin rooms and a three bedded room on each floor. Some rooms have en suite facilities. The communal rooms are mainly on the ground floor and there is a large communal room on the first floor which offers vistas of the surrounding countryside. The service caters for the health and social care needs of residents both female and male, aged 18 years and over. Willowbrook Lodge provides long term care, dementia care, respite care, convalescent care and general care in the range of dependencies low / medium / high and maximum. The service provides 24-hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
Tuesday 28 September 2021	10:00hrs to 19:30hrs	Liz Foley	Lead
Tuesday 28 September 2021	10:00hrs to 19:30hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

Respectful and person centered care was provided by a team of kind staff in a homely environment. However, the premises continued to impact on the safety and well being of residents and staff. The provider was committed to coming into full compliance and was currently undertaking a programme of works in the centre. Residents' daily experience required improvement to ensure all residents had the opportunity to engage in meaningful activities in accordance with their abilities. Inspectors observed practices and spoke at length with five residents to gain an insight into the lived experience in the centre.

There was an administration block which contained offices and a staff room adjacent to the centre, this is where inspectors were guided through the centre's infection control procedures before entering the building. The centre was warm throughout and there was a relaxed and welcoming atmosphere. The centre appeared to be clean to a high standard throughout however, the condition of parts of the premises required improvement. Walls, wardrobes, skirting boards, doors, radiators and flooring in parts of the centre were damaged, partly due to the ongoing works. This rendered these surfaces difficult to clean which was a risk to infection prevention and control. Alcohol hand gels were readily available throughout the centre to promote good hand hygiene however, the availability of staff hand washing sinks was not in line with the national standards and a barrier to effective hand hygiene.

There was a homely and relaxed atmosphere and staff were observed to be helpful, kind and respectful towards residents. The centre was laid out over two floors which were accessible by a platform lift. Communal space on the ground floor consisted of an open plan conservatory and lounge which were adjacent to each other. There was a dining room on the ground floor which had recently been redecorated. The centre were still maintaining social distancing at meal times and in communal rooms to keep residents safe. There was another day room on the first floor which enjoyed panoramic views of the local countryside. Snacks and drinks were available in day rooms for residents and staff were observed supervising these areas to ensure residents' needs were met.

During a walkabout of the centre inspectors identified many areas that required improvements. The centre's laundry room was only accessible through the lounge. The provider had identified this risk and the laundry was soon to be re located to another part of the building. New fire doors were being installed throughout the building and a new partition wall had been installed in the conservatory, as part of fire containment works. The boiler had been relocated to a safer area and a new heating system was installed. An external escape route was partially blocked by building materials and bins which the provider undertook to remove during the inspection. There was sluice room on the ground floor which was cluttered with commodes and a weighing scales. Wooden shelving in this room was damaged, rendering it very difficult to clean. Space was limited in the centre and bathrooms were used as store rooms. The provider was hoping to address this issue in a plan

of works to improve the premises.

Residents' rights and choices were respected within the confines of the centre but the layout of the premises was impacting on some residents' privacy and dignity. For example, some residents had to travel through a day room and a reception area to access a shower. There were two bedrooms which opened onto the conservatory, an area which was used for residents to entertain visitors. This was not ideal for ensuring privacy and access for residents who resided in these bedrooms

The residents were well dressed and well groomed in accordance with their personal wishes, many of the ladies had their nails painted. However, residents were observed sitting for long periods with little to occupy them throughout the day. The TV was off and there was no radio or music playing in either of the day rooms. Some residents sat looking out on the car park from the conservatory watching the world go by and some were observed reading but overall residents were disengaged, particularly in the ground floor day room. Residents on the first floor day room were very chatty when approached and told inspectors they make their own entertainment. Residents stated they occasionally enjoyed live music, they listened to music on the stereo and sometimes played ball games with staff. Overall they reported there were few group activities and would enjoy more opportunities for fun. One resident took the opportunity to sing to inspectors during their chat.

There was an outdoor smoking area for residents who chose to smoke. Residents were happy to have their family and friends return to visit them and visitors were observed coming and going throughout the day, some in the garden at the front of the centre and some in the conservatory.

It was obvious that staff knew and respected the residents. There were many examples of positive interactions and residents told inspectors that the staff were wonderful, kind and always available to help them.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

Recent changes in company directors and in management systems had resulted in improvements in the centre. Fire safety risks had been reduced, however, oversight of the day-to-day risks associated with safe evacuation and containment remained. Parts of the premises required upgrading and were impacting on the effective cleaning of the centre. The provider was responsive to the inspection process and

willing to come into compliance.

NSK healthcare limited was the registered provider for Willowbrook Lodge Nursing Home. In July 2021, two new directors took over the company, both of whom had experience of running a designated centre for older persons. The person in charge worked full time in the centre and was supported by a clinical nurse manager and team of nursing, caring, catering and housekeeping staff. Resources had been made available for improvements required relating to fire safety, however, staffing resources required review to ensure that residents could be safely evacuated and to provide activities for residents. The provider was undertaking to resource more improvements to the premises, these improvements included issues identified by inspectors.

This was an unannounced inspection to follow up on risks identified in the centre in February 2021. The provider at that time had submitted a plan to be compliant with fire safety by 30 September 2021 and it was apparent that the deadline for completion of ongoing works would not be achieved. There had been delays in sourcing materials for the centre and the current provider was reviewing their time line for completion. Works were well advanced and are discussed in detail under regulation 28 Fire precautions. Improvements were found in governance and management with increased management hours and the introduction of a new management system. The condition of parts of the premises required upgrading. Flooring, walls and some furniture required repair or replacement to enable effective cleaning.

Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time since the onset of the pandemic and to date the centre had managed to avoid an outbreak of COVID-19.

New management systems had been recently introduced to support the oversight of the quality and safety of care. There was good oversight of clinical care and clinical audits informed ongoing improvements for residents. For example, recent wound care and infection control audits resulted in new centre protocols and care pathways to promote early identification of problems and early intervention. Oversight of day to day fire safety required improvements to ensure the ongoing safety of all residents and staff. The provider was undertaking work on-site to improve fire safety and some residents had moved bedrooms to facilitate the works. The provider had not identified potential evacuation risks associated with one compartment in the building which now had eight residents. Simulated evacuation drills had not been practiced and the provider was unable to demonstrate that all residents could be safely evacuated at night when staffing levels were lowest.

The staffing resources for housekeeping and centre management had been increased since the previous inspection. There had been a recent high turnover in staffing in the centre and there were ongoing recruitment efforts in place to maintain safe and consistent staffing levels. The centre had employed agency staff to ensure safe staffing levels for shortfalls. However, some staff had worked in the centre for a number of years and this helped the provider maintain appropriate skill mix while inducting new staff and employing agency staff. Further assurances were

required regarding staffing availability at night to safely evacuate residents and to provide suitable activities for residents.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff and all staff training was up to date. Staff and management meeting records were viewed and contained relevant information about the new provider's plans for the centre to keep all informed. Residents were familiar with the new provider representative and were seen to engage with him throughout the inspection.

The provider supported one resident to manage their pension and this was done in line with the department of social protection guidelines.

Complaints were managed in line with the centre's policy and formed part of the centre's quality management system.

Regulation 15: Staffing

Staffing resources required review to ensure there were sufficient staff on duty to safely evacuate residents at night and to ensure there were sufficient resources to provide suitable activities.

Judgment: Substantially 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 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Systems for monitoring the quality and safety of the service required review to ensure they were consistently informing ongoing safety improvements in the centre. For example, the provider had not identified risks found on inspection associated with fire safety which was impacting on the safety of residents and staff.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. 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

Person-centered and evidence based care was provided to residents in this homely centre. However, the condition and layout of the premises was impacting on

infection control, fire safety and the rights of some residents. The provider was undertaking a plan of works to improve fire safety and upgrade the premises to ensure the safety and well being of all residents and staff.

Owing to the fire safety risks identified during the previous inspection, a referral was made to the local fire authority following the inspection. At this inspection, inspectors found that those risks had been significantly reduced. There was further work required to complete the programme of work and the provider was clear on the plans in place to come into compliance. In the days following the inspection, the provider submitted a time bound plan for completing the programme of work, confirming the work will be signed off by the competent fire safety professional.

Inspectors noted that significant progress had been made with the fire safety programme of work, such as:

- The fire alarm system was upgraded to an L1 category system.
- A new emergency lighting system was installed, including updated exit signage.
- New fire doors installed at ground floor, which were found to be well fitted within their frame, with labels affixed adjacent to the door to verify it was appropriately sealed within the wall in which it was located.
- The requisite partition to protect the escape route for two bedrooms at ground floor had been installed.
- The widening of a final exit from an escape stairs was complete.
- The protection of the external stairs was nearing completion.
- Contrasting strips to the edge of steps were provided to the two internal stairs.
- The stair lift, previously obstructing the escape stairs was removed.
- The storage of oxygen cylinders had been reviewed and now safely stored externally.
- The heating boilers had been relocated to a safer location.
- External routes had been cleared by cutting back trees.
- Details of the findings relating to fire precautions are under Regulation 28 of this report.

There were many areas of the centre that required refurbishment and repair in order provide a safe and suitable environment for residents, for example, flooring had gaps and floor covering was torn in some areas creating potential trip hazards. Flooring in one shared shower room was lifting away from the wall and therefore could not be effectively cleaned. Some radiators were rusted and could not be effectively cleaned. Storage also required review as large items like hoists and weighing scales were inappropriately stored in bathrooms and in the sluice room. The provider had identified many of these issues and was in the process of developing a plan of works to address these items. New seating for communal rooms had been ordered and the centre were awaiting delivery.

The current condition of parts of the centre were impacting on the ability to effectively clean the centre to the required standard and posed a risk of cross contamination to residents. This is outlined under regulation 17 premises. Additional

resources for cleaning hours had resulted in better management of cleaning in the centre. Cleaning schedules and procedures were in place to guide staff on keeping the centre clean and staff were competent in these procedures. Alcohol hand gel was available throughout the centre to facilitate good hand hygiene. However, staff hand hygiene sinks were not available in key areas in the centre in line with the national standards.

Storage space and wardrobe sizes varied in bedrooms throughout the centre. Some residents did not have enough space to store their belongings and items were stored on top of wardrobes.

Oversight of risk was generally good and improvements that were required with risk management are discussed under specific regulations, for example, regulation 28 fire precautions.

Care plans were mostly person-centered and based on appropriate assessment of resident's needs. Care plans were routinely reviewed at four monthly intervals and communication with residents and families was documented. Some care plans were over complicated for example, one resident had four different plans for their hygiene needs. Interventions listed on the four different plans were repetitive and could lead to important interventions being missed- this was discussed with clinical staff during the inspection.

There were good standards of evidence-based health care provided in this centre. There was a choice of GP's 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, the dietician and occupational therapist. The centre had engaged the services of a physiotherapist who would commence in the coming weeks and provide a group exercise class and one-to-one assessments of residents. There were good links with the psychiatry of old age team which resulted in improved outcomes for residents, for example, a reduction in psychotropic medications which can have sedating effects.

The use of restrictive practices in the centre was high with 26% of residents using a bed rail. The risk assessment tool for bed rails was not a validated tool and this impacted on the decision making for applying a restrictive device. Less restrictive alternatives were not always trialled in line with the national guidance. Less restrictive options like half-length bed rails were not available. Safety checks were in place and carried out correctly and in line with the national guidance. The centre were undertaking to review the remaining bed rails and all restrictive practices with a view to reduce the use of restrictions and promote a restraint free environment.

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were supported by a person-centred and consistent approach to managing responsive behaviours. Behavioural assessments were completed and informed an holistic approach to managing residents' responsive behaviours. This approach resulted in a reduction in the number of episodes of responsive behaviours and a reduction in the intensity of

these episodes. Inspectors observed person-centred and discreet staff interventions during the inspection.

Residents' rights and choice were respected within the confines of the centre. There was a choice of nutritious home cooked meals and residents could choose what time they got up at and retired at night. The layout of the premises was impacting on the privacy and dignity of some residents. Activity provision was poor and required review. There was no plan for group activities and residents who chose to remain in their bedrooms were not offered one-to-one activities in accordance with their needs and preferences. Lack of meaningful and appropriate activities was impacting on the quality of life of all residents in the centre.

Indoor visits had resumed in line with the national guidelines and there were ongoing safety procedures in place, for example, temperature checks and health questionnaires for visitors. Residents could receive visitors in their bedrooms, the designated visiting area in the conservatory and outside in the gardens.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Some residents did not have adequate space to store their personal belongings and clothing. Personal items were observed on top of wardrobes in some bedrooms.

Judgment: Substantially compliant

Regulation 17: Premises

The premises did not conform to the matters set out in schedule 6 of the regulations namely because;

- The premises was not in a good state of repair throughout, for example,

wooden shelving in the sluice room was damaged and therefore could not be effectively cleaned. Some wardrobes and skirting boards had been painted but still had visible damage, the surfaces were not smooth and therefore could not be effectively cleaned.

- Some toilets did not have grab rails to promote independence and the safety of residents. A chairlift had recently been removed and the stairs now required an additional handrail.
- Storage was a challenge in the centre, hoists, weighing scales and shared equipment were stored in bathrooms and the sluice room and this created a risk of cross contamination.
- Two twin bedrooms would not meet the minimum floor space requirements of SI 293 which comes into effect on 1 January 2022.

Judgment: Not compliant

Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks.

A register of live risks was maintained which included additional risks due to COVID-19, these were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practice in the centre was not fully in line with the national standards and other national guidance. For example:

- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre, of these all were not compliant with Health Building Note 00-10: Part C standards. Resident's sinks should not be used for staff hand washing.
- Areas of the centre were difficult to clean due to wear and tear, posed a risk of cross contamination as staff could not effectively clean some surfaces.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required for reviewing fire precautions during the ongoing fire safety programme of work. Where residents were moved to facilitate building works, the required evacuation aids had not been reviewed to ensure adequate provision for the residents in the area they were moved to. In addition, it was not known by staff where all evacuation aids were stored. This may lead to delays during evacuation.

Staff had previously been increased to three at night to mitigate the fire safety risks. In the weeks prior to the inspection, staff at night had been reduced from three to two. The decision to reduce staff at night was based on the provision of fire doors and the fire alarm system upgrade and not based on residents assessed needs, therefore inspectors were concerned regarding the evacuation of a compartment at first floor.

Inspectors were told that evacuation drills took place, however, records were not available in the centre for drills which took place since the last inspection. Assurance was required that sufficient staff were available at night to safely evacuate residents in the larger building compartment at first floor with capacity for nine residents. At the time of inspection, this compartment accommodated eight residents, seven of whom required the use of evacuation mats to evacuate. The registered provider told inspectors that two residents were moving from that compartment and also undertook to complete a simulated fire evacuation of this compartment. The results of this drill were submitted to the Chief Inspector in the days following the inspection.

There was also confusion regarding the location of a compartment boundary at first floor. Some staff spoken with did not know the correct location of the fire compartment boundary, which may result in residents being moved to areas of the building which may not be safe.

Inspectors noted concrete blocks stored on the external stairway, partially obstructing the path of escape from the upper floor. These were temporarily placed there the day before. A side escape route was also partially obstructed with wheeled bins.

It is acknowledged that the programme of work was not yet complete. Further work was required in terms of ensuring adequate containment of fire. They include fitting the remaining replacement fire doors, upgrade of fire rated ceilings and sealing up holes and gaps through fire rated construction. Two doors at first floor were noted to be missing smoke and heat seals. One of these doors was a compartment door for the purposes of horizontal evacuation. Two fire doors at ground floor were noted to have had the smoke brush seals painted over, therefore rendering the doors ineffective to the containment of smoke. Inspectors also noted repair work was

required to a ceiling which had been damaged from a water leak.

The strategy for fire separating the kitchen from the adjoining bedroom area was not known. The provider confirmed they would follow up with the fire consultant to ensure adequate containment of fire in this area.

A fire detector was missing from the small laundry room.

Inspectors noted one corridor which required additional exit signage.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care 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.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. The centre were undertaking to review their care planning processes to ensure all information was clear and there was no confusion caused by duplicate care plans as was found in one sample viewed.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices required review. The use of bed rails was high, with 5 of 19 residents using restrictive bed rails on the day of inspection. This was not in line with the centre's policy or the national policy on promoting a restraint free

environment.

The assessment tool for bed rails required review to ensure it was evidence based and informed appropriate and safe use of bed rails in line with the national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Activity provision required review to ensure that all residents had opportunities to participate in activities in accordance with their interests and capacities. There was long periods of inactivity observed and residents told inspectors there was limited activities on offer in the centre.

The layout of the premises was impacting on the privacy and dignity of some residents, for example;

- Some residents had to walk through a communal room and reception area to access a shower. This impacted on the dignity of residents as they travelled to and from the shower.
- One shared bedroom did not have a privacy curtain in place and staff had to access a medical store room through this bedroom. This impacted on the privacy of both residents living in this room.
- A visitor's area had been created in one section of the conservatory. Two bedrooms were only accessible by walking through this visiting area and residents who resided in these bedrooms could be restricted during visits, furthermore private visits could be disturbed if staff needed to access these rooms to assist the residents.

Judgment: Not 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Willowbrook Lodge OSV-0000302

Inspection ID: MON-0032806

Date of inspection: 28/09/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Ongoing interviews and recruitment strategy in place to ensure trained, consistent staffing. At present we have 2 hcas on at night due to outbreak. Activity schedule: • Plan for activities underway, currently live music x1 day, reflexologist x 1 day, movie day x 1 day, activity of choice (ball games etc) x 1 day, chair yoga and chair exercise class x 1 day booked to begin January 2022, in interim have contacted another person re same, full new library of books in place with Cahir library to introduce books on request and also audio books for residents. New tvs provided with ability to stream concerts etc. staff encouraged to mobilise resident's to outside walks and visits. Pastoral services reintroduced. (on hold for completion due to outbreak)</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Increased monitoring of dependency level by compartment and zoning. All staff have been made aware of fire compartments with clear zoning displays in each area and maps outlining compartments displayed throughout the building</p> <p>Monitoring and review of concerns over night staff ability to evacuate compartments in event of emergency. All staff are undergoing induction and fire induction as part of this process. Another nighttime fire drill was completed on 13th October at 8pm with two night staff by a competent fire professional.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>As part of ongoing works a review of shower facilities downstairs and residents' storage facilities has been undertaken.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Grab rails placed in bathrooms of concern, completed</p> <p>Stair rail ordered (on hold for completion due to outbreak)</p> <p>Twin bedrooms have been assigned to single occupancy rooms</p> <p>Painters on site from Friday 15th October to begin refreshing and refurbishing all rooms, inclusive of built-in wardrobes etc. flooring will be repaired in areas as soon as painting is completed. (on hold for completion due to outbreak)</p> <p>Maintenance man to recover all existing shelving in current general sluice with washable material already sourced. Plan to move large items including hoists and commodes and weighing scales to existing boiler room once works are completed.</p> <p>Ceiling in rm 14 will be replaced as part of works ongoing.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Our plumber has priced fitting of sinks on corridors, also asked to price to fit 5 new elbow taps on existing communal bathrooms sinks, awaiting completion due to outbreak</p> <p>Painters due on site from Friday 15th October to begin refreshing and refurbishing all rooms, inclusive of built-in wardrobes etc. flooring will be repaired in areas as soon as painting is completed. (on hold for completion due to outbreak)</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Waste management area has been relocated; blocks removed from stairwell completed Increased monitoring of dependency levels by compartment., fire risks, fire evac aids etc All staff have been made aware of fire compartments and zoning with displays in every zone and maps outlining compartments displayed throughout the building. Plan in place with contractor to complete works on fire doors, seals brushes and heat seals are replaced. Ceiling in rm 14 will be replaced as part of works ongoing. Electrician placed extra signage in corridor upstairs and will be removing any old wiring before gaps are sealed. Proposals in negotiation with engineers for ceiling upgrade in upstairs compartments. This will also be tied into the completion of the fire wall in attic above kitchen therefore completing the containment of the kitchen. Kitchen laundry no longer in use currently in works to change to staff bathroom. Fire seal, electrician and competent fire person to remove any old wiring from main entrance way and then fire seal gaps. Night time fire drills completed and training scheduled for all staff with competent fire person (on hold for completion due to outbreak) Wall covering at bottom of exit stairs adjacent to upstairs sitting room, removed and emergency release fitted</p>	
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: Review of restrictive practices completed Review of careplans underway, new structure being implemented</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Privacy curtains are sourced, awaiting delivery, in meantime curtain in place Plan for activities underway, currently live music x1 day, reflexologist x 1 day, movie day</p>	

x 1 day, activity of choice (ball games etc) x 1 day, chair yoga and chair exercise class x 1 day booked to begin January 2022, in interim have contacted another person re same, full new library of books in place with Cahir library to introduce books on request and also audio books for residents. New tvs provided with ability to stream concerts etc. staff encouraged to mobilise resident's to outside walks and visits. Pastoral services reintroduced. (on hold for completion due to outbreak)

As part of ongoing works review of shower facilities downstairs and residents' storage facilities is underway wherein shower will be fitted in rm 14

Visiting area will be moved to new area within the old garage which is near completion, will be a separate room with direct access from corridor and from outside.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	10/12/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	10/12/2021

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.	Not Compliant	Yellow	10/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/11/2021
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	10/12/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	10/12/2021

	suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	10/12/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	10/12/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	10/12/2021
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	10/12/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/11/2021

Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	01/11/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	01/11/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	01/11/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Yellow	15/12/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	15/12/2021

	practical, ensure that a resident may undertake personal activities in private.			
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