



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

Issued by the Chief Inspector

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| Name of designated centre: | St. Anthony's Nursing Home |
| Name of provider: | Kilduff Care Co. Limited |
| Address of centre: | Kilduff Castle, Pallasgreen, Limerick |
| Type of inspection: | Unannounced |
| Date of inspection: | 10 June 2021 |
| Centre ID: | OSV-0000428 |
| Fieldwork ID: | MON-0033249 |

About the designated centre

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

St. Anthony's Nursing Home is a 60-bedded nursing home situated in Pallasgreen, Co. Limerick. The centre is family owned and operated and was first established in 1969. The centre has undergone a number of renovations and extensions in the intervening period. It is a two storey premises with residents accommodated on both floors in twelve twin bedrooms and thirty six single bedrooms. All bedrooms are en suite with shower, toilet and wash hand basin. St. Anthony's provides a 24-hour nursing care with the support of a team of healthcare assistants. The centre is registered to provide care to both male and female adults over the age of 18 years of age with varying conditions, abilities and disabilities. The centre provides long-term, respite and convalescence care.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 57 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|--------------|---------|
| Thursday 10 June 2021 | 09:30hrs to 18:00hrs | John Greaney | Lead |
| Thursday 10 June 2021 | 09:30hrs to 18:00hrs | Abin Joseph | Support |

What residents told us and what inspectors observed

Residents that spoke with inspectors said that they liked living in the designated centre and that they felt safe and secure. Residents also said that they were happy with the support they received from staff during the COVID-19 pandemic but were looking forward to resuming their normal routine. The findings of this unannounced inspection confirmed that residents living in the centre were well cared for and enjoyed a good quality of life.

St. Anthony's Nursing Home is home to sixty residents and provides long term care for both male and female adults with a range of dependencies and needs. The nursing home is situated in a rural area of County Limerick not far from the Tipperary border. The centre was originally a family home but was transformed into a nursing home and subsequently extended on a number of occasions. Accommodation is arranged over two floors, however, the first floor is split level.

The centre was generally bright, clean and in a good state of repair throughout. There was adequate communal space that included a parlour, a sitting room, a library and a dining room. Considerable efforts had been made to create a homely environment with suitable decor that incorporated the strategic placement of memorabilia throughout the centre. There was a piano and antique style furniture in the parlour; an old style sewing machine in the library; a stove front in a corner of the dining room and other memorabilia such as a dresser with china ware, that mimicked an old style kitchen setting. There were murals on walls that provided a colourful backdrop in the dining room. Resident told the inspector they were happy with their room environments. Some residents had chosen to personalise their rooms with photographs and ornaments. There was sufficient space for residents to store their clothing and personal belongings.

All visitors to the designated centre were observed to undergo checks to promote effective infection prevention and control measures in preventing the introduction of COVID-19 into the centre. Visits to the designated centre were arranged by appointment with relatives now able to spend time with the residents in their bedrooms or in designated visiting rooms. There was an online booking system for visits but they could also be scheduled through a phone call to the centre. There was signage located throughout the designated centre which informed staff, residents and visitors of the protocols to follow to reduce the risk of infection such as the wearing of personal protective equipment (PPE) social distancing and cough etiquette.

Residents stated that staff were kind and considerate and felt that their rights were being upheld. Staff were observed to knock on residents' doors before entering and gave an explanation as to why they were there.

Staff were noted to be knowledgeable of residents needs and there was a stable workforce in place which ensured continuity of care. Residents mentioned that when

they needed support they did not have to wait long for staff to arrive. All residents seen during the inspection were appropriately dressed and were wearing suitable footwear. Mobility equipment such as wheelchairs, rollator and zimmer frames appeared clean and in good condition.

Residents told the inspector that they liked the food provided and mentioned that they could have breakfast in their rooms if they wanted. Inspectors reviewed the menu on the day and saw that there was a choice of meals available to residents. The dining facilities were of a high standard with tables positioned to maintain social distancing.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of the report will discuss the findings and the levels of compliance found on this inspection. The information will be set out under the specific regulations and summarised at the beginning of each section.

Capacity and capability

This was a well managed centre with the registered provider keen to ensure that the centre was in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors found that there was a clear governance and management structure in place with clear lines of accountability and responsibility. The provider had responded in a positive manner to fire safety concerns raised by inspectors at a previous inspection resulting in specific requirements for the mobility status of residents accommodated in some bedrooms. Works are planned to construct an additional stairway to facilitate evacuation of residents in the event of an emergency.

This is a family run nursing home. The person in charge worked full time in the designated centre and was supported in their management role by an assistant director of nursing and two clinical nurse managers.

Staff worked hard to prevent a COVID-19 outbreak in the centre and were successful in doing so. A small number of staff had tested positive but these were community transmissions and had no impact on residents in the centre. Inspectors found that there were effective arrangements for infection prevention and control in the centre and that there were regular communications with public health in relation to receipt of advice for recommended practice.

The staffing numbers and skill mix on the day of this inspection were adequate to meet the needs residents. The supervision of staff was good. Staff had appraisals completed on an annual basis and all had mandatory training in place. As a result staff had appropriate skills and knowledge for their roles and were clear about the standards of care and services that were required.

There were systems in place to manage critical incidents in the centre. A review of the incident log indicated that each incident was reviewed and actions were taken to minimise the risk of recurrence. There was a process in place for reviewing the quality of care and the quality of life for residents living in the centre.

The quality and safety of the centre was monitored through a programme of audits that included audits of hand hygiene, health and safety, the environment, care planning and medication management. There was also an annual review of the quality and safety of care completed for 2020. There was an associated action plan identifying any required improvements.

A review of the staffing roster, and the observations of the inspector, indicated that there were adequate numbers and skill mix of staff to meet the needs of residents. Supervision arrangements were in place for new and existing staff, and there was a comprehensive induction programme. Recruitment practices were in line with recommended practice and legislation. Staff training had been enhanced in response to the COVID-19 pandemic in infection control practices. A COVID-19 contingency plan was available, as well as a COVID-19 resource folder for staff, to access current Health Protection and Surveillance Centre Information. There was evidence that staff received training appropriate to their roles. Mandatory training for all staff was up to date and being monitored by management.

Records in accordance with Schedule 2, 3 and 4 of the regulations were stored securely but easily retrievable. A sample of personnel records reviewed by the inspectors were well organised and contained most of the information required by the regulations. There was evidence that all staff had received Garda Síochána (police) vetting clearance prior to commencing employment in the centre.

There was a stable staff team in place which assisted in the continuity of care, which was welcomed by the residents who spoke to inspectors. Staff were supported in their role by having access to supervision and mandatory training. While there was a high degree of knowledge among the staff team regarding infection prevention and control protocols a significant number of staff required refresher training in this area.

There was a comprehensive annual review of the quality and safety of care being delivered to residents in the designated centre which incorporated their views on the service provided. All complaints received by the provider were reviewed according to the complaints policy and it was clear that the provider was keen to improve services as a result of these complaints. Residents who expressed an opinion were of the view that there was a genuine attempt on behalf of the provider to ensure that services provided were of a good quality.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had applied to vary the conditions of registration and convert two single bedrooms to twin rooms. The provider stated that this was to allow for one

bedroom to be set aside on both floors for isolation purposes. One of these bedrooms was currently only used for isolation purposes. The provider stated that the resident currently occupying the other room was consulted in relation to this change and had been given the opportunity to remain in this room on their own, should they so wish.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager. It was evident that residents knew the person in charge and would have no problem in approaching him should they have any concerns.

Judgment: Compliant

Regulation 15: Staffing

A review was required of the skill mix of staff on night duty. There were two nurses on duty until 22:00hrs and one nurse from 22:00hrs until 08:00hrs. Taking into account the design and layout of the premises, whereby residents are accommodated on two floors, and the dependency level of residents, inspectors were not satisfied that this provided adequate clinical supervision and support to residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Information submitted following the inspection confirmed that 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.

Judgment: Compliant

Regulation 21: Records

Of a sample of personnel files reviewed by inspectors, some gaps were identified such as:

- some files contained character references
- some references were not verified by the provider
- some CVs (curriculum vitae) had gaps in employment history for which a satisfactory explanation was not recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure with identified lines of authority and accountability for the management of the centre. All staff reported to the person in charge, who was also a director of the centre. The person in charge was supported by an assistant director of nursing and two clinical nurse managers. There were regular clinical governance meetings attended by the person in charge, assistant directors of nursing and clinical nurse managers and issues discussed usually included results of audits and the day to day clinical needs of residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contract for provision of services required review as it did not contain details of additional fees to be charged for services, for example, hairdressing and chiropody charges.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that contained all of the required information specified in the regulations. It provided adequate detail of the facilities available and the services provided in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records indicated that all notifications required to be submitted to the Chief Inspector were submitted in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on prominent display in the centre and identified the person responsible for addressing complaints and the appeals process. A review of the complaints log indicated that complaints were recorded and included details of the investigation and whether or not the complainant was satisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Overall the inspector found the care and support provided to the residents of this centre to be of a good standard, however, some improvements were required in relation to the use of bed rails, residents' rights and fire safety. There was a person-centred approach to care and the residents' wellbeing and independence were promoted. Staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the knowledge and competencies required to care for residents with a variety of needs and abilities.

Overall, residents' rights and choices were respected, however opportunities for improvement were identified in respect of meal times to ensure that these were social occasions. Improvements were noted in the provision of activities since the last inspection. Unfortunately, one of the activity coordinators was absent on the day of the inspection and adequate arrangements were not put in place to minimise the impact this had on the activity programme.

The inspector reviewed a sample of resident files and found evidence that residents had an assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Following admission, a range of validated

assessment tools were used to assess falls risk, skin integrity, nutritional status and level of dependency. Residents in some bedrooms were required to have their ability to navigate steps in the event of an emergency evacuation. While the assessment had been completed for these residents, a reassessment had not always been completed at four monthly intervals as specified in the centre's Statement of Purpose. Care plans were informed and developed by these assessments and were initiated within 48 hours of admission to the centre in line with regulatory requirements.

Residents were provided with good access to relevant healthcare professionals in response to any assessed need. Residents had good access to GP services and there was evidence of regular review. There was also good access to allied health services such as dietetics, speech and language and tissue viability for advice on wound care. Improvements were required in relation to the use of restraint. Eighteen of the fifty seven residents had bed rails in place. While there were good care plans in place to guide staff in the care of residents with bed rails in place, risk assessments were not always updated at the recommended frequency.

Adequate infection prevention and control measures were in place. Staff had access to appropriate infection prevention and control training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. Staff and resident temperatures were checked twice a day in line with HPSC guidance. Social distancing was evident on the day of the inspection in resident and staff areas. The centre had a comprehensive COVID-19 contingency plan in place which included the latest guidance from Health Protection and Surveillance Centre, Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.

Regulation 11: Visits

There was an effective system in place for residents to receive their visitors in line with HPSC guidelines. Visitors could schedule their visits through an online booking system. Telephone bookings were also available for visitors who preferred not to use the online booking system. The provider was committed to provide flexible compassionate visiting arrangements when required. Visits were facilitated every day, including weekends. Residents and visitors inspectors spoken with were complementary about visiting arrangements in the centre.

Judgment: Compliant

Regulation 13: End of life

Adequate measures were in place to support residents as they approached end of life. There was evidence of discussion with residents and/or their relatives in relation to preferences for end of life care. This included whether or not resident would like to be resuscitated in the event of cardiac arrest or if they would like to be transferred to hospital, should they become unwell.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre was suitable to meet the individual and collective needs of the resident profile and in keeping with the centre's statement of purpose. The building was well constructed and maintained. The centre was generally clean and in a good state of repair. There was adequate communal space for the number of residents living in the centre. There was a secure outdoor courtyard to which residents had ready access. Ample parking for visitors and staff was available on site.

Judgment: Compliant

Regulation 27: Infection control

Overall the centre was found to be clean and there was a good system in place in relation to housekeeping. Protocols were in place for symptom monitoring and health checks for residents and staff. Residents' temperatures were monitored and recorded twice a day and staff temperatures were monitored to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. Appropriate infection control procedures were in place. Regular infection control reviews were carried out to ensure compliance with policies and best practice.

Judgment: Compliant

Regulation 28: Fire precautions

A review was required of fire evacuation maps to ensure that they clearly identified your location in relation to the nearest emergency exit.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In accordance with the centre's Statement of Purpose, for emergency evacuation purposes, residents accommodated in the bedrooms in compartment 12 are required to undergo a professional assessment every four months in relation to their ability to navigate steps. This was out of date for some of the residents in these bedrooms.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical services. Records demonstrated residents were regularly reviewed by their GP. Residents had access to allied health professionals such as speech and language therapy and dietetics following referral.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restraint register that identified 18 of the 57 residents in the centre had bed rails in place when they were in bed. Improvements were required in relation to the use of bed rails. For example:

- not all risk assessments related to bed rail use were up to date
- there were gaps in bed rail safety check records at night time
- residents would benefit from a multidisciplinary team approach to bed rail assessments and review

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. All staff had attended training and

staff spoken with were knowledgeable regarding the procedures in place should there be an allegation of abuse.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances.

Judgment: Compliant

Regulation 9: Residents' rights

Some improvements were required in relation to routines and practices. For example:

- a significant number of resident had their meals served on bedside tables in the sitting room and also in the dining room. Therefore these residents spent a significant portion of the day sitting in the same chair. This did not contribute to mealtimes being sociable occasions
- mealtimes were not protected from practices such as the administration of medications
- improvements were noted in the provision of activities to residents since the last inspection through the allocation of an additional staff member to the provision of activities. However, one of the activity staff was absent on the day of the inspection. The remaining staff member was also responsible for other duties and therefore could not devote the full day to activities to compensate for the absent staff member.

Judgment: Substantially 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 | |
| Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | 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 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for St. Anthony's Nursing Home OSV-0000428

Inspection ID: MON-0033249

Date of inspection: 10/06/2021

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:</p> <ol style="list-style-type: none"> 1.From previous inspection discussions, we have increased our Health Care Assistants to 4. This now equals a night staffing ratio of 1 : 12. This staffing has allowed for the nurse to offer increased clinical supervision only throughout their shift. 2.Survey night staff and assess possible occasions that clinical supervision was not adequate during the time 22.00 & 07.45. 3.Review out of hours doctor calls between 22.00 & 07.45 for the past 24 months to give context historical events involving clinical supervision over the past 24 months. 4.Review hospital transfers between 22.00 & 07.45 for the past 24 months 5.Survey our residents to assess their opinion of clinical supervision between 22.00 & 07.45 6.Review call bell log 7.Review out of hours manager support calls required 8.Engage with financial adviser to assess the business cost to recruit, employ and train additional nursing staff for night. 9.Engage with NTPF to meet the financial burden that additional nursing staff will cost. 10.Due to living in a rural area, we will survey the amount of housing available for additional staff to live within east limerick. | |

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| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: Character references will no longer be accepted. A reference will be requested on our template reference form for all new employees irrespective of the position being applied for. Potential staff unable to provide professional reference will not be considered for positions to seek HIQA compliance.</p> <p>Review COVID 19 Contingency Plan around Residents Visiting and reallocate increased time to HR.</p> <p>HR files will be reviewed and will be clearly signed and dated once a reference has been verified by follow up phone call.</p> <p>Review Staff Recruitment and selection policy</p> | |
| Regulation 24: Contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Part C – Additional Individual Services in our current Contract of Care references to Hairdressing price varies and to refer to price list on display in the Salon. This price list is also accompanying the Contract of Care on admission along with many other items of further information. We can now include this as part of the Contract of Care as requested following this inspection.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Each Red Fire Call Point is numbered and identified on the Fire Evacuation Maps. Additionally, we will add a 'You are here' sticker.</p> | |

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| 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: Residents accommodated in Compartment will undergo a professional assessment every four months in relation to their ability to navigate steps until such time that an additional Emergency escape stairs is constructed and ready for use as per planning reference 20592.</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: Physiotherapist will be consulted in relation to the residents use of bed rail.</p> <p>Increased audits will be conducted to ensure compliance with recording a visual check while residents are sleeping.</p> <p>Assessments and Care Plans will continue to be assessed 4 monthly</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: COVID 19 has had an enormous impact on how our daily routines have changes in recent months. As acknowledges earlier in this report 'Staff worked hard to prevent a COVID -19 outbreak and were successful in doing so'. This has been achieved by following HSE Guidance COVID-19 Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of Covid – 19 Cases and Outbreaks in Residential Care Facilities. We have adopted a Pod system for social interactions of residents. Activities and Meals use these Pods to minimize cross infection risks. This has resulted in residents being offered staggered mealtimes or an option to have room service. We will encourage more residents to use one of our dining areas as restrictions and advice from HSE ease.</p> <p>We discussed protected meal times at our July Staff Nurse meeting. We all agreed to be more aware of the 'Dining Experience' for our residents and administer prescribed</p> | |

medications discretely before or after their meal.

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 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 | 30/07/2021 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 12/09/2021 |
| Regulation 24(2)(b) | The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre | Substantially Compliant | Yellow | 12/07/2021 |

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| | concerned and include details of the fees, if any, to be charged for such services. | | | |
| 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 | 12/07/2021 |
| 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 | 22/07/2021 |
| 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 | 12/09/2021 |
| Regulation 9(2)(a) | The registered provider shall provide for residents facilities | Substantially Compliant | Yellow | 22/07/2021 |

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| | for occupation and recreation. | | | |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 12/07/2021 |