



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

Issued by the Chief Inspector

Name of designated centre:	Cratloe Nursing Home
Name of provider:	Cosgrave Nursing Consultancy Limited
Address of centre:	Gallows Hill, Cratloe, Clare
Type of inspection:	Unannounced
Date of inspection:	18 August 2021
Centre ID:	OSV-0005393
Fieldwork ID:	MON-0033650

About the designated centre

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

Sancta Maria nursing home was originally built as a domestic dwelling which had been extended and adapted over the years to meet the needs of residents. It is located in a rural area on the outskirts of the village of Cratloe in Co. Clare. It is split level building and it accommodates up to 32 residents. Accommodation for residents is provided on both levels with a lift provided between floors. It provides 24-hour nursing care to both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors rooms as well as an enclosed garden courtyard area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

32

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 August 2021	09:00hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection. The overall feedback from residents was that they were well looked after and they were happy living in the centre. Residents reported that communication in the centre was good and that staff had kept them up-to-date regarding the restrictions and the COVID-19 pandemic. Residents mentioned how they had been living through difficult times but were thankful that staff had been supportive and the centre had remained free of the COVID-19 virus.

The inspector arrived unannounced to the centre and the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident. Some residents told the inspector how the provider was very good to them.

During the morning of inspection, most residents were up and about. Some were relaxing in their bedrooms, some reading the daily newspapers, others were watching television and having cups of tea in the smoking day room. Residents spoken with told the inspector that they had enjoyed their breakfast which they taken in the dining room. Most residents were relaxing in the main day room, viewing the mass which was being shown on the large flat screen television. Residents told the inspector that they enjoyed viewing mass on the television and how the local priest also celebrated mass in the centre on a weekly basis.

The inspector observed that a variety of drinks and snacks were offered and served mid morning. Residents in the main day room were observed reciting the rosary which was led by one of the residents.

Throughout the day, residents were observed partaking and enjoying a number of group activities. There was an activities coordinator on duty who was seen to encourage participation and stimulate conversation. Residents told the inspector how they enjoyed a range of activities including arts and crafts, bingo, reminiscence, board games, card games, music therapy, sing songs and weekly reiki sessions.

Residents were seen to move about the centre as they wished. Residents had access to an enclosed garden courtyard area, the doors to the courtyard were open. The area was provided with wooden outdoor furniture and had colourful potted flowers. Residents were observed coming and going from this area as they wished. Some residents told the inspector how they enjoyed being able to get outside, go for a

walk and get some fresh air.

Residents spoke of their delight that visits to the centre had been eased. A number of new outdoor visiting areas had been provided during the pandemic, however, visits were now being facilitated indoors. Residents could now meet with their visitors in the visitors room, dining room or privately in their bedroom in line with the most recent government guidance. Residents commented that they were satisfied and happy with the arrangements and confirmed that they had received recent visits and that other visits were scheduled. The inspector observed visits taking place and saw in the communication book that visits were scheduled seven days a week.

Residents reported that the food was good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice. The inspector observed that a variety of snacks and drinks were offered between meals times. The inspector noted that modified diets were attractively presented. Residents were appropriately supported at mealtimes to eat at their own pace and were served in accordance with their choices.

The building is split level and it accommodates up to 32 residents. Accommodation for residents is provided on both levels with a lift provided between floors. Residents were accommodated 19 single and nine twin bedrooms. Some bedrooms had en suite toilet and shower facilities. There was an adequate number of toilets and assisted showers for residents. There was a variety of communal day spaces including day room, dining room, smoking room, reception area and visitor room. There was appropriate directional signage provided on doors and corridors to assist residents in finding their way around the centre. There was ample space on corridors for the movement of any specialised or assistive equipment that a resident might require. New floor covering had been provided to the lower ground floor area of the building. Grab-rails and handrails were provided to bathrooms and corridors. Residents were observed to be moving about as they wished within the centre.

Residents spoken with told the inspector how they liked their bedrooms as they were bright, spacious and comfortable. The inspector observed that there were televisions in bedrooms and many residents had personalised their bedrooms with their own family photographs, ornaments and plants.

The inspector observed that the privacy and dignity of residents was well respected by staff. There was adequate privacy curtains in shared bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

While the inspector noted that the centre provided a homely environment for residents, a number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. These are discussed further under regulation 27: Infection prevention and control.

The inspector saw that there were hand sanitizers at the entrance to the centre on the corridors and in the communal areas, these were seen to be used throughout

the inspection by staff.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection was a one day risk based inspection. The inspection was carried out

- to monitor compliance with the regulations
- to follow up on issues identified during the last inspection
- to review infection prevention and control measures in light of the COVID-19 pandemic.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is Cosgrave Nursing Consultancy Ltd. It is a family run business with both directors having key roles in the management and oversight of the business. The registered provider representative is also the person in charge and the other director of the company is the nurse operations manager, both are involved in the day to day operation of the centre.

The person in charge was supported in his role by the assistant director of nursing, clinical nurse managers, facilities supervisor, care supervisor, administrator and other staff members including nurses, carers, activities coordinator, housekeeping, catering and maintenance staff. Further supports were provided by a consultant nurse professional practice facilitator, health and safety and human resource consultancy team. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place.

The management team met each other, residents and staff on a daily basis. The team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. They were positive in attitude and demonstrated a willingness to comply with the regulations.

This centre had a good history of compliance with the regulations. Issues identified during the last inspection had largely been addressed.

The inspector acknowledged that residents and staff living and working in the centre have been through a challenging time and they have been successful to date in

keeping the centre free of COVID-19.

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents with the exception of housekeeping staff. There were normally two nurses, three care staff and a care supervisor on duty during the day time and either one nurse and two care staff or two nurses and one care staff on duty at night time. On the day of inspection there was one housekeeper on duty from 10am to 6pm whose duties included cleaning, laundry and assisting with kitchen duties. This is discussed further under Regulation 15: Staffing.

Staffing rosters and some documents required by the regulations required review. This is discussed further under Regulation 21: Records and Regulation 16: Training and staff development.

The management team ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Gárda Síochána vetting disclosures.

The person in charge advised that all staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. Staff spoken with confirmed that they had received training. However, the training matrix was not up-to-date therefore, the inspector could not accurately determine how many staff had completed mandatory training. The inspector observed that staff adhered to guidance in relation to maintaining social distance and in wearing personal protective equipment (PPE) in line with the national guidelines, however, some hand hygiene practices observed required improvement. This is discussed further under Regulation 27: Infection control.

The management team had continued to evaluate its compliance with relevant standards and regulations and bring about improvements. Recent audits had been completed in medicines management, infection control, falls, care planning, restrictive practice, and health and safety. The annual review had been completed for 2020 identifying quality improvements completed.

The provider continued to consult with residents. Regular residents committee meetings had taken place, the management team met with residents on a daily basis and a quarterly resident satisfaction survey had been completed. Residents spoken with confirmed that they could raise any issues of concern and ask for any thing they wanted.

There was a comprehensive complaints policy in place and the complaints procedure was displayed, however, some improvements were required to ensure that all complaints were clearly recorded and investigated in line with the policy. This is discussed further under Regulation 34: Complaints procedure.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. He had the required experience in the area of nursing the older adult. The person in charge was knowledgeable of the regulations, HIQA's standards and his statutory responsibilities. He demonstrated good clinical knowledge. He knew the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

The inspector had concerns that the entire centre and equipment could not be cleaned to the standard required during a COVID-19 pandemic by one housekeeping staff member.

On the day of inspection there was one housekeeper whose duties included cleaning, laundry and assisting with kitchen duties. There was no housekeeping staff rostered on some weekend dates reviewed. There were incomplete records to provide assurance that all parts of the building and all equipment used by residents were deep cleaned on a regular routine basis.

The person in charge agreed to review housekeeping arrangements and hours allocated to cleaning.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training matrix was not up-to-date, therefore, the inspector could not accurately determine how many staff had completed mandatory training.

Judgment: Substantially compliant

Regulation 21: Records

Some records as required by the regulations were not available.

- The staff training matrix was not up-to-date.

- The duty roster was not clear. It did not include a key to explain codes in use, the nurse in charge was not identified on each shift, for example at night time or weekends.
- There were incomplete records to provide assurance that all parts of the building and all equipment used by residents were deep cleaned on a regular routine basis.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management team had continued to evaluate its compliance with relevant standards and regulations and bring about improvements. There was an audit schedule in place and the person in charge reviewed quality care indicators on a monthly basis and these were discussed along with other issues such as risk management, health and safety, dependencies of residents, staffing, staff training and activities for residents at the quarterly clinical governance team meetings. However, further oversight was required in relation to staffing, training, records, infection control, complaints management, fire safety management, safeguarding and care planning.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Issues identified during the last inspection had been addressed, each contract included details as to the type of room occupied by the resident.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was a comprehensive complaints policy in place and the complaints procedure was displayed, some improvements were required to ensure that all complaints were clearly recorded and investigated in line with the policy. Complaints made were available in a complaints folder, which also included the providers response to the complainant. However, details of investigation into the complaint, the outcome of the complaint, and whether or not the complainant was satisfied with the outcome were not always clear from the records available .

Judgment: Substantially compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met.

Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. Each resident had a 'My Day, My Way' personalised communication booklet documented which outlined their individual preferences and interests. There was a range of activities taking place including regular visits from a reiki therapist and local priest.

There were no restrictions on residents' movements within the centre. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per national guidelines. Access was available to private phone lines, internet services and video calls to facilitate residents to stay in contact with their families and keep up to date on outside events.

While all staff and residents had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Nursing documentation reviewed indicated that residents needs had been regularly assessed using validated tools. However, there were inconsistencies in the care planning documentation. Some care plans reviewed were clear, informative and person centered, while others reviewed did not always provide clear guidance on the care needs of residents. Nursing staff spoken with were familiar with and knowledgeable regarding residents up to date needs but this was not always reflected in the nursing documentation. This is discussed further under Regulation 5: Individual assessment and care plan. There were systems in place to record evidence of the involvement of the resident and or their relative in the development and review of care plans.

Residents were offered a choice of meals and meal options appeared appetising and nutritious. Residents spoke positively about the quality, quantity and choice of food available to them.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak as well as other contingency plans in the event of an emergency or the centre having to be

evacuated.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. The person in charge confirmed that he continued to assess the evacuation needs of residents prior to allocating bedroom accommodation. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. Regular fire drills had been completed simulating both day and night time scenarios and learning outcomes had been documented and discussed. Some further improvements were required in relation to fire drills and to ensuring that procedures to be followed in the event of a fire including fire safety evacuation plans were displayed. This is discussed further under Regulation 28: Fire precautions

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All residents who spoke with the inspector reported that they felt safe in the centre. The person in charge advised that all staff had received training in safeguarding vulnerable adults from abuse, staff spoken with confirmed that they had received training and training certificates were available in the sample of staff files reviewed. However, the training matrix was not up-to-date, therefore, the inspector could not accurately determine how many staff had completed this training. The provider acted as pension agent for a number of residents and following the last inspection had opened a separate current account. However, additional safeguards were still required to ensure that all pensions collected from the Department of Social Welfare were paid into an interest bearing account on behalf of those residents in line with Department of Social Protection guidelines.

Staff continued to promote a restraint- free environment, guided by national policy. There was a small number of bedrails in use for some residents, these were only used following consultation, consent and risk assessment.

Regulation 11: Visits

The centre normally operated an open visiting policy but due to the Covid-19 pandemic the centre had restricted visiting in accordance with national guidance.

Visiting was now being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents

Visits were being facilitated seven days a week. Some residents continued to meet with visitors outdoors when the weather permitted. Residents spoken with stated that they were happy with the current arrangements. The person in charge advised the inspector that visiting arrangements would be kept under review and risk assessed appropriately.

Judgment: Compliant

Regulation 27: Infection control

A number of barriers to effective infection prevention and control were identified on the day of inspection.

- There was no cleaning staff rostered on some weekend dates reviewed.
- Some arm chairs coverings were worn, torn and defective and could not be effectively cleaned and decontaminated.
- Wooden wall panels beside some beds were damaged and defective and could not be effectively cleaned and decontaminated.
- A number of plastic wash basins stored in residents bedrooms were stained and unclean.
- The wall mounted urinal bottle storage rack in the sluice room was rusted and could not be effectively cleaned and decontaminated.
- A damaged and defective toilet seat could not be effectively cleaned and decontaminated. This was replaced during the inspection.
- There was inappropriate use of gloves by some staff when there was no indication for their use, for example when assisting residents to eat and when administering medicines.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further improvements were required to some aspects of fire safety management.

- The procedures to be followed in the event of a fire including fire safety evacuation plans were not displayed in each compartment.
- There were no drill records to provide assurance that the largest compartment could be evacuated safely in a timely manner using a night time staffing scenario.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and noted some inconsistencies in the care planning documentation. Care plans did not always reflect the care,

knowledge and good practices described by nursing staff.

- There was no care plan in place to guide the care for a resident who presented with responsive behaviour.
- Care plans were not always informative and person centered and therefore did not guide the care of the resident.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were being met and residents had access to General Practitioners (GPs). During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. All residents had recently been reviewed by their GP. There was evidence of referral and access to services such as podiatry, speech and language therapy (SALT), psychiatry of later life, dietetics and physiotherapy. Residents that required assistive devices and equipment to enhance their quality of life were assessed and appropriate equipment provided.

Judgment: Compliant

Regulation 8: Protection

The training matrix was not up-to-date therefore, the inspector could not accurately determine how many staff had completed safeguarding training. Additional safeguards were still required to ensure that all pensions collected from the Department of Social Welfare were paid into an interest bearing account on behalf of those residents in line with Department of Social Protection guidelines.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place.

Activity provision was managed by the activities coordinator. There was a weekly

schedule of activities taking place which was displayed in the communal areas. A meaningful social participation assessment, life story and 'Key to me' had been completed for all residents which included details of past interests and hobbies. Staff were observed to use this information to engage meaningfully with residents.

Residents continued to be kept informed and consulted in the running of the centre. There were regular resident meetings, minutes of meetings were recorded. There was evidence that issues raised by residents were acted upon. Issues discussed at a recent meeting included menus and food choices, activities, hairdressing, access to chiropody, optician and other health screening services, vaccinations and up coming events.

There were no restrictions on resident's movements within the centre. Residents were observed to be moving about as they wished both inside and outside the centre. There was a variety of communal day spaces where residents could sit and relax.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cratloe Nursing Home OSV-0005393

Inspection ID: MON-0033650

Date of inspection: 18/08/2021

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. A new Housekeeper has commenced employment with us on the week of the 6th September 2021 to make up the additional hours that were identified as short on the Staff Roster and their work flow duties have been realigned into more manageable tasks/responsibilities and with the permanent housekeeper (who was on Annual Leave at the time of the "unannounced HIQA Inspection"). 2. Housekeeping has been covered now 7 days a week with an additional 30 Hours per week included for "Deep Cleaning" of Zones with the implementation of the new House Keeper. Housekeeping/Facilities Supervisor also employed within Cratloe NH since February 2021 and who has completed advanced training Facilities Management Course on 24/05/2021 and has commenced a FETAC Level 5 Infection Prevention & Control Training on 14th September 2021 (along with our Care Supervisor), thus ensuring the highest standards of Infection Prevention and Control within our Nursing Home. 3. All Cleaning Records have been reviewed and updated as of the 19th August 2021 to ensure our cleaning practices follow our cleaning procedures. Housekeeping Staff are informed of their roles and responsibilities during induction and during clinical supervision (formally and informally) with their supervisors and with the management team within the Nursing Home. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. The Training Matrix is now fully up to date and ready for inspection. The Administration Team responsible for updating the Training File now understand their full 	

responsibility in updating the Training Matrix as they update Staff Training Files. Action completed as of 23rd August 2021.

Regulation 21: Records

Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

1. As above, the Training Matrix is now fully up to date as of 23rd August 2021.
2. The Operational Manager was spoken with about the duty roster who has now included keys to explain and identify the Nurse in Charge of the shift in the event of the Person in Charge not being on-duty, or the Nurse in Charge on Night Shift or on Weekend duty. This action was completed for the next roster commencing on Monday 23rd August 2021.
3. "Incomplete Records" discussed with point 3 above in Regulation 15: Staffing.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. Staffing discussed and actioned in Regulation 15 above:
2. Training & Development discussed and actioned in Regulation 16
3. Records discussed and actioned in Regulation 21
4. Infection Control discussed and actioned in Regulation 27
5. Complaint Management discussed and actioned in Regulation 34
6. Fire Safety Management discussed and actioned in Regulation 28
7. Safeguarding & Protection discussed and in action for Regulation 8 and
8. Care Planning discussed and actioned in Regulation 5 below

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

1. A new systematic Complaints Folder has been implemented, which will follow our implemented complaints policy and include:

- Complaints made, Date & Time
- Details of Investigation by Investigation Officer
- Outcome of Investigation – satisfied or not
- Appeals Process
- Conclusion

This folder has been implemented as of 1st September 2021.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Action Plan as above in Point 2, Regulation 15: Staffing
2. Torn and defective furniture has been removed as of 19th August 2021 and new replacements ordered.
3. Wooden Wall Panels that were scuffed have been included in our Painting & Decorating Maintenance Schedule which has commenced as of 1st September 2021. Our maintenance, painting and decorating program continues continuously throughout the year and as Bedroom become available and empty within the NH.
4. All wash basins have been assessed. These have been included the deep cleaning schedule of individual bedrooms and the RP has informed the Care Supervisor and the Housekeeping to replace all wash basins that are no longer fit for purpose and to replace/dispose of all washbasins after the individual Resident has completed their care episode with us or sooner if required, again which will reduce the risk of cross contamination. Actioned as of 1st September 2021.
5. The Wall Mounted Urinal Storage Rack has been replaced since 14th of September 2021.
6. All damaged and defective equipment will be removed and replaced immediately. The Facilities and Maintenance Teams have been spoken with in relation to the HIQA Officers observations during her unannounced visit, therefore, all staff with responsibilities for replacing and updating all equipment within the NH are aware now of the standards required and to be upheld. This meeting was actioned as of the 1st September 2021.
7. The Person in Charge has liaised with all the Care Team re the HIQA Officers observations re assisting Residents to eat/administering medications with IPC Gloves on and he has advised this practice to stop immediately (as of 19th August 2021). The PIC also liaise with the Mid West IPC Nurse Specialist and invited her to visit and audit Infection Control Practices within Cratloe Nursing Home to assess if we can improve and develop our IPC Standards and Practices to higher levels.

Regulation 28: Fire precautions	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. 3 new notice boards have been purchased as of 1st September 2021 and the procedures to be followed in the event of a fire evacuation in the Green, Yellow and Red Zone have been implemented as of Friday 17th September 2021. 2. As the Registered Provider and in the interest of Resident & Staff Safety, x 3 Simulation Evacuation Exercises (all bedrooms, 10A, 10B, 11, 12 & 13 with 10 Residents) with all the Staff (8 Staff) who normally work night duty. These simulation exercises were completed on the evenings of the 30th, 31st August and 1st September 2021 and all Residents (8 x Mobile and X 2 Wheelchair bound Residents) were safely (horizontally evacuated) to the next safe compartment within the time ranges of 3 minutes 37 seconds to 4 minutes. The Green Zone is normally a Low to Medium Dependency Care Zone. (Please note that some of our more independent residents also participated in the evacuation, so there was there was good "action learning" for them as well in that they felt affirmation in being helpful and being able to assist the more vulnerable residents). 	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> 1. Nursing Staff and our Practice and Professional Development Nurse Consultant have been advised as of the 1st September to review all their Care Plans and to ensure that all Residents have Care Plans and ABC's implemented for Responsive Behaviours. The Person in Charge has asked the P&PD Nurse Consultant and the Clinical Nurse Managers to support our junior nurses in assessing, planning, implementing and evaluation PERSON CENTRED CARE PLANS for all Residents within Cratloe NH. Our P&PD Nurse Consultant provides 30 hours per week supervision with our Nurses in relations to their Documentation, Care Planning and Resident Assessments and this supervision is planned to continue as part of our quality care standard improvements with all our Residents. 2. "Care Plans were not always informative, and person centred and therefore did not guide the care of the Resident". All our International Nurses come via the Royal College of Surgeons in Dublin, they are inducted as supernumerary staff, they are supported by our Senior Nursing Team as well as our Practice and Professional Development Nurse Consultant (with their Documentation, Care Planning and Risk Assessments), therefore, we expect the standards of this documentation and care planning to continuously improved over time. We also complete individual Nursing Documentation, Care Planning and Restrictive Preventions Audits 3 monthly, so all Nursing Documentation is under continuous supervision. The last Care Planning Audit was completed on the 20th September 2021 where an average score of 96% was achieved. 	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>1. The Registered Provider has been in liaison with the Social Welfare Protection Team and the Banking Team in relation to Resident Pensions being paid into an interest bearing account for the benefit of the Resident and he has been assured by the Bank that a solution can be developed to ensure that the obligation of an appointed person set down in Social Welfare legislation, Article 202A. (1) (g) of Statutory Instrument 142 of 2007 – Social Welfare Claims, Payments and Control Regulation can be met and complied with as documented. This Action shall be completed by 1st October 2021.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	06/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	23/08/2021
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	23/08/2021
Regulation 23(c)	The registered	Substantially	Yellow	01/10/2021

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
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	01/09/2021
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.	Substantially Compliant	Yellow	01/09/2021
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	17/09/2021
Regulation	The registered	Substantially	Yellow	01/09/2021

34(1)(f)	provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Compliant		
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	01/09/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/10/2021