



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

## Issued by the Chief Inspector

Name of designated centre:	Clearbrook Nursing Home
Name of provider:	Greenmast Limited
Address of centre:	Heathfield View, Cappagh Road, Finglas West, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	19 October 2022
Centre ID:	OSV-0005590
Fieldwork ID:	MON-0038223

## About the designated centre

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

Clearbrook Nursing Home is a designated centre delivering care to male and female residents, located in a north Dublin city suburb. The premises comprises of a two-storey, purpose-built building with 90 single en-suite bedrooms. The centre consists of four separate units with central communal spaces including dining areas, sitting rooms and activity rooms. Full-time long and short-term care is provided for older people, people living with dementia, and people with physical and sensory disabilities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	80
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 19 October 2022	08:00hrs to 17:30hrs	Margaret Keaveney	Lead
Wednesday 19 October 2022	08:00hrs to 17:30hrs	Jennifer Smyth	Support

## What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy living in Clearbrook Nursing Home and their rights were respected in how they spent their days. Residents who spoke with inspectors expressed great satisfaction with the staff, the food, bedroom accommodation and services provided to them. A number of residents who could not articulate for themselves appeared very relaxed and it was clear that staff took good care in attending to the needs of residents.

On arrival to the centre, inspectors were met by a staff member who guided them through an infection prevention and control procedure which included hand sanitising, the wearing of masks and temperature monitoring. Throughout the day of the inspection, inspectors observed that staff were compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE). Face masks were worn correctly and good hand hygiene practices were observed.

Following a short opening meeting with the person in charge, inspectors were accompanied on a tour of the premises by the assistant director of nursing. The centre was seen to be bright, clean and homely throughout, with the entrance hall and communal areas thoughtfully decorated for the upcoming Halloween festivities. A large garden was situated to the rear of the centre which residents had easy access to through one of the day rooms. There was a large smoking hut in the garden, plenty of garden furniture for residents and visitors use, and safe wide paths for residents to safely mobilise along and view the planting.

Residents' accommodation and living space was laid out over two floors which were served by a lift and all areas were easily accessible to residents. Bedroom accommodation comprised of 90 single, ensuite bedrooms which provided the residents with privacy and dignity. Inspectors saw that there was sufficient secure storage in residents' bedrooms and that each had a television for entertainment. Inspectors saw that residents were supported to personalise their bedrooms, with items such as photographs, ornaments and prints, to help them feel comfortable and at ease in the home. Inspectors spoke to 12 residents, all of whom expressed great satisfaction with their bedroom accommodation.

The design and layout of the home promoted free movement and relaxation. The inner entrance foyer of the centre was comfortably furnished with sofas and was seen to be a popular gathering spot for residents to chat and socialise in throughout the day of the inspection. There were also a number of other spaces for residents to relax in, such as pleasantly decorated and homely day rooms on each floor. These rooms were comfortably furnished with an adequate amount of seating, wall art and house plants. There were also TVs, board games and books easily available for residents' use, as they wished. One day space was equipped with facilities for residents to make and enjoy tea and coffee refreshments throughout the day. There

was also a clean, bright dining room on each floor, and many residents were observed to take their meals in these rooms and to frequent them at other times for snacks and drinks. However, inspectors observed that the oratory was no longer available to residents as it had been converted into a laundry.

The inspectors spoke directly with 12 residents and three visitors to elicit their opinion on the service being provided in the centre. Overall feedback from residents and visitors was that the staff were kind and attentive. One visitor described the staff as 'brilliant', 'exceptional' and said that they made great efforts to spend time chatting with the resident when they chose not to join in group activities. A resident also informed inspectors that 'the staff are busy but they never hurry me'. Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly and unhurried manner. Inspectors also observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Residents were also familiar with the name of the person in charge and other senior nurse managers. They said that they were approachable and believed that they would resolve any issues or concerns brought to their attention.

Mealtimes were seen to be a busy but social occasion. Inspectors observed that the noise level in both dining rooms was high, as trays were being prepared for residents who chose to dine in their bedrooms. One resident reported that the dining room was "very noisy." Residents spoken with expressed a high level of satisfaction with the food provided, with one resident commenting that 'the food is lovely, better than I made at home' and another commenting that there is always 'plenty of fruit and snacks' available. One visitor also informed inspectors that the chef made 'great efforts' to make appetising menu options for their family member who was on a specific diet. Another resident who chose to take their meals in their bedroom, commented to inspectors that their food was not served as warm as they preferred. When highlighted to a senior staff member, they immediately went to the residents' bedroom, and were heard to accept the resident's feedback and offer a solution that was acceptable to them. All residents spoken with confirmed that a choice food was always on offer at all mealtimes, and staff were observed to assist residents, in need of support during mealtimes, in a kind and patient manner.

The person in charge (PIC) had been appointed to the centre in June 2022 and had made some changes that positively impacted on the residents living in the centre. They had reintroduced live mass in the centre, with a priest attending once per fortnight. They were also the lead in staff training in caring for those living with a diagnosis of dementia, and were in the process of introducing new care planning templates.

A number of residents spoken with said that there was plenty of activities to choose from and that in particular they enjoyed singalongs and exercise classes which were led by the physiotherapist. An activities schedule was on display on each floor, and inspectors observed that residents could also choose to partake in board games, bingo, quizzes, pampering sessions, baking and movie evenings. While there were

specific staff employed to run the activities programme, the inspectors observed that many staff were actively involved in the social side of the residents' daily life.

During the course of the day, inspectors observed visitors arriving to the centre. They were received by residents in their bedrooms or in communal areas. One visitor spoken with stated that they were delighted with visiting arrangements as they and other family members visited their loved one daily. They also said that staff promptly informed them of any changes in the residents' condition and of their daily routine.

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 is a well-managed centre with many good systems in place to monitor the quality of care provided to residents in the centre. The management team were found to be focused on providing a quality service to residents and on improving their wellbeing while living in the centre. There were clear management structures and adequate resources in place that ensured appropriate care was being provided to residents. Overall this inspection demonstrated that the registered provider had made good efforts to improve their compliance with the regulations. However, action was required by the provider with regards to the statement of purpose, records care planning, the use of restraint, infection prevention and control, and medication management.

Clearbrook Nursing Home is operated by Greenmast Limited who is the registered provider. There was a clear management structure, with all staff aware of their role and responsibilities. The person in charge assumed their role of Director of Nursing in the centre in May 2022, and was well supported by a general manager, a head of catering, a head of accommodation and a human resources manager. The person in charge was also supported in her role by an assistant director of nursing, a team of clinical nurse managers, nurses, healthcare assistants, activities co-ordinators, and a catering and domestic team.

The management team in the centre had clear roles and responsibilities. The team met monthly, at a minimum, through various forums, such a clinical meeting, services meeting and infection prevention and control meetings, to discuss all aspects of the service. This ensured that the registered provider maintained good oversight of service provided. Inspectors saw that there were a range of clinical and facilities auditing systems in place, with action plans developed and completed to address findings. However, these management systems did not provide the registered provider with robust oversight of all aspects of the service. Inspectors also observed that the registered provider had not informed the Chief Inspector of Social Services that the function of one room had changed. This is further discussed

under regulation 23 below.

The registered provider had completed an annual review report for the year 2021. This report specified a number of quality improvement plans for 2022, and inspectors noted that many had already been completed, such as medication training for nurses and the development of cleaning schedules. There were comprehensive contingency and preparedness plans in place to guide staff on managing COVID-19 outbreaks within the centre.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review and observations throughout the day, inspectors saw that there were sufficient staff on duty to meet the assessed needs of the residents. Since the previous inspection, the registered provider had filled staffing vacancies with permanent staff and reduced the use of temporary workers. They had also increased the number of senior nursing staff, in order to provide greater support and supervision of all staff and improve the quality of care delivered to residents.

The person in charge had developed a 2022 training schedule for each cohort of staff, which included fire safety training, manual handling, infection prevention and control and safeguarding of vulnerable adults. Training matrix records provided to inspectors indicated that the majority of staff were up-to-date with their mandatory training, with dates scheduled for staff who required refresher training.

Nursing staff were overseen provided by three supervisory clinical nurse managers, at least one of whom worked daily Monday to Sunday, while care staff were overseen by a supervisory team leader and care supervisor. Appropriate induction programmes were in place for all staff, to ensure that they were well supported to provide appropriate care to residents. Staff appraisals were completed on an annual basis.

Records in accordance with schedule 3 were not available in the designated centre, as on-going medical assessments completed by the general practitioner (GP) were not available to inspectors. Inspectors were informed that such assessments were not recorded by the GP, but were instead recorded by staff into a notebook as they accompanied them during the assessments. This is further discussed under Regulation 21: Records below.

Inspectors reviewed three contracts for the provision of services and found that two were not in line with the regulations, as they did not clearly specify the terms and conditions of the residency. Inspectors also reviewed the registered provider's current statement of purpose and saw that it did not contain all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

## Regulation 15: Staffing



The staffing numbers and skill mix were appropriate to meet the needs of residents living in the centre.

There were registered nurses on duty at all times as confirmed by the person in charge and the staff rosters.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors reviewed staff training records, which showed that mandatory training was up to date for the majority of staff working in the centre and that refresher training dates were appropriately scheduled.

There was a formal induction programme in place for new staff and performance appraisals were completed annually with staff.

Judgment: Compliant

### Regulation 21: Records

Records set out in schedule 3 were not available in the designated centre on the day of inspection. For example, there was no record of the on-going medical assessments, and the treatment and care provided by the medical practitioner to residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The Chief Inspector of Social Services had not been informed of the change in use of an oratory to a laundry, and therefore the the registered provider was in breach of condition one of their registration . Oversight systems has not recognised the requirement to vary condition one.

- The registered provider did not have robust oversight of some clinical areas of the service.
  - No care plan audits had been completed since June 2022, and therefore the gaps in care planning identified by inspectors were not known to the registered provider and no action plans were in place to rectify the issues. Inspectors were informed that care plan audits had

ceased as a new electronic care planning system was being introduced, on account of previous care plan audits which highlighted the need to replace the old care plan system. Inspectors were informed that the new care plan system was to be fully implemented by the end of October 2022, and that an external company had been engaged to audit the care plans under the new system.

- A review of medication audits completed for the registered provider had not identified findings under Regulation 29: Medicines below, which could result in the unsafe administration of medicines to residents.
- Although facilities audits were completed, the systems were not sufficiently robust to ensure good infection prevention and control practices in the centre. For example, a recent audit had not identified the issues seen during this inspection, which could impact on residents' health and safety in the centre. These audits had also not identified that there was no call bell in place in the smoking hut, for resident's safety.
- There was no system in place to allow resident's access to petty cash at the weekends.
- Inspectors were informed that a weekly audit of the medication trollys had not been developed. This was an outstanding action from the compliance plan of the previous inspection.
- The medication policy did not reflect that an electronic medication system was in use in the designated centre. Inspectors were informed by the management team that the electronic system had been introduced into the centre one year ago.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Inspectors observed that two contracts for the provision of services did not clearly set out the terms and conditions of the resident's residency in the centre, as they did not specify the bedroom that the resident had agreed to occupy.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose available on the day of the inspection did not contain all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example;

- Inspectors also observed that the registered provider had converted the

oratory from a communal space for residents' use to a laundry.

- Inspectors were informed by the management team that a shared bathroom listed in the statement of purpose as available for residents' use, was no longer available to them and was instead being used to store residents' equipment.
- The room size was not included in the description of rooms in the designated centre.

Judgment: Not compliant

## Quality and safety

Overall, there were examples of good quality care being provided to residents which ensured that they were supported to live a good life in the centre. However, there were a number of areas that required action, such as individual assessment and care planning, managing behaviours that challenge, infection control and medicines and pharmaceutical services.

Inspectors were assured that there was a comprehensive assessment carried out prior to the admission of a resident, to determine if the designated centre could meet the needs of the person. However there were gaps identified which are discussed under Regulation 5: Individual Assessment and Care Planning.

Residents were seen to have appropriate access to medical and health care. There was access to other health care services where residents required professional expertise for example gerontology, psychiatry for old age and palliative care.

A review of documentation and correspondence for three residents, who had been permanently discharged from the designated centre, showed that all relevant information about the resident was provided to the receiving hospital or service to ensure the appropriate transition of the resident.

Records showed that the centre was working towards a restraint free environment where nursing staff had successfully trialled a range of alternative equipment. The use of restrictive practice was reviewed regularly by the person in charge and assistant director of nursing. However, gaps were identified by the inspectors in relation to documentation. One resident was not receiving care to meet their needs in the least restrictive manner, this is further discussed under Regulation 7: Managing Behaviour that is Challenging.

Overall, there were reasonable measures in place to protect residents from abuse. Two care plans reviewed by inspectors were seen to have safe guarding plans in place to protect both the resident and their fellow residents. Staff spoken to were knowledgeable in relation to early detection of abuse and safeguarding the residents. However, inspectors observed that one resident had not received all supports available to them to protect them from abuse. This is further discussed

under Regulation 8: Protection.

There was a good menu choice available to residents for all meals. Mealtimes were seen to be social occasions. Snacks and refreshments were provided outside of mealtimes and the inspector saw that adequate staff were available to assist residents with refreshments and at mealtimes.

Inspectors observed many good infection prevention and control (IPC) practices in the centre. The registered provider had provided adequate cleaning resources, which included a head of housekeeping, a team of cleaning staff and cleaning equipment. The provider had implemented improvements in this area following the previous inspection, such as the development of daily and deep clean cleaning schedules for most areas of the facilities and cleaning allocations. The registered provider had also purchased clinical hand wash sinks that met the specifications, which were due to be installed the week after the inspection. The laundry service was seen to be well organised with clear segregation of clean and dirty items. The provider had also assigned a clinical nurse manager as the IPC lead in the centre to oversee appropriate IPC practices in the centre, and had provided further training opportunities for them. An IPC team also met monthly to discuss issues relevant to good IPC practice in the centre, including ongoing staff training and quality improvements projects to protect residents from the risk of infection. However, inspectors observed that further improvement was required in the some areas. This is discussed under regulation 27 below.

Nurses were seen to have protected time to administer medication, they wore a red 'do not disturb' disposable apron during their rounds. There was good evidence of reconciliation of medication stock received and returned. The fridge temperature was now checked daily according to records. However in supplements were not administered as prescribed, as they were given out at 9:30 am, and prescribed for 11am.

## Regulation 18: Food and nutrition

Inspectors were assured that residents were provided with access to fresh drinking water at all times. Choice was offered at mealtimes, and there was adequate quantities of food and drink provided. There was sufficient staff to support and assist residents at lunch time.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed the discharge documentation for three residents and saw that each resident was permanently discharged from the designated centre in a planned

manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

### Regulation 27: Infection control

While there was many good practices, action was required in the following areas to ensure good infection prevention and control practices in the centre:

- Although there was a sign off sheet to indicate that the sluice rooms had been cleaned, there was no cleaning schedule to guide staff on what was to be cleaned. This led to gaps in the cleaning of sluice rooms, as some cleaning tasks were undertaken by cleaning staff and others by healthcare assistants.
- There was inappropriate storage of a mop and bucket in each sluice room, for use if spill occurred at night. The storage of clean cleaning equipment in the sluice rooms could lead to cross-infection.
- Urinal bottles on the drying rack, in one sluice room, were visibly dirty.
- Single use dressings were open, cut and available for use again on a dressing trolley. This is a poor infection prevention and control practice.
- There was unused open incontinence wear in the hairdressing room and in a linen cupboard, which could lead to cross-infection.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were not administered in accordance with the directions of the prescriber. For example, five nutritional supplements were administered at 9:30 am and signed as given by the nurse at 11am. These supplements were charted for 11am.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspectors found care plans were not prepared within 48 hours of admission. For example,

- A resident had no care plan on activities or communication.
- One resident's care plan reviewed was commenced five days following

admission.

Reviews of care plans had not been carried out at intervals of four months or where necessary. For example:

- One resident's end of life care plan was not reviewed since July 2021.
- One resident who had reported weight loss, was not referred to the dietitian. Their weight had not been recorded from their last hospital stay.

Judgment: Not compliant

## Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health care support to meet their needs.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to consultant in gerontology, psychiatry of later life and palliative services as required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Inspectors found that not all residents who had responsive behaviours (how people with dementia or other conditions, communicate or express their physical discomfort, or discomfort with their social or physical environment.) were managed in a manner that was least restrictive. For example, one resident spent most of their days in their bedroom, due to the responsive behaviours they displayed.

Restraints in use in the centre were not documented in accordance with national policy, for example

- Staff reported that that two residents requested bed-rails as enablers, however there was no evidence of consent.
- Staff reported that a resident who displayed responsive behaviours, managed their behaviour using sensory measures. This was not recorded in their care plan.

Judgment: Substantially compliant

## Regulation 8: Protection

In one investigation into a concern of abuse reviewed by inspectors, all measures to protect the resident from abuse had not been explored. Inspectors saw that the resident had not been referred for support from advocacy services. As a result the options available to ensure the ongoing wellbeing of the resident were restricted.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant



# Compliance Plan for Clearbrook Nursing Home OSV-0005590

Inspection ID: MON-0038223

Date of inspection: 19/10/2022

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> <li>• The service level agreement with the external GP will be reviewed.</li> <li>• An audit tool will be developed and implemented to ensure oversight of documentation regarding resident medication reviews and GP assessment.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Internal care plan audits have recommenced and are subject to ongoing monthly audit.</li> <li>• An external consultant has been engaged to conduct an audit in relation to resident care plans.</li> <li>• The discussion of audit results, the development of quality improvement plans and the oversight of the implementation of quality improvement plans take place at clinical meetings.</li> <li>• An external consultant has recently completed an audit in relation to regulation 29 medication and pharmaceutical services.</li> <li>• The medication management policy will be reviewed and updated to reflect the electronic management system in use.</li> <li>• The implementation of quality improvement plans resulting from this external audit is overseen by the Person in Charge.</li> <li>• The implementation of a previous action plan relating to medication trolley audits will be addressed by the Medication Management lead and overseen by the Person in Charge.</li> </ul>	

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>An internal review of all resident contracts has been completed. Any contracts of care that require updating have already been addressed.</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>An updated statement of purpose will be submitted to include updated floor plans and the updated whole time equivalent staffing complement completed on the date of the HIQA inspection.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• An amended sign off sheet and cleaning schedule for sluice rooms was developed on the date of inspection and implemented the next day.</li> <li>• A review of the storage of cleaning equipment has been completed.</li> <li>• The placement of incontinence packs has been reviewed and will be subject to ongoing monitoring going forward.</li> <li>• A nursing group focus session will take place regarding single use dressings.</li> <li>• Replacement urinal bottles have already been ordered with our clinical supplier.</li> </ul>	
Regulation 29: Medicines and	Substantially Compliant

pharmaceutical services	
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The timing for the administration of oral nutritional supplements on the electronic medication management system has already been amended in order to ensure that Clearbrook continues to meet the available best practice document: HSE (2019), The Prescribing Pathway for the Initiation and Renewal of Standard Oral Nutritional Supplements (ONS) for Adults Living in the Community.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• Internal care plan audits have recommenced and are subject to ongoing monthly audit.</li> <li>• An external consultant will conduct an audit of resident care plans.</li> <li>• Quality improvement plans will be developed based on the outcome of the external audit.</li> <li>• The oversight of the implementation of the developed quality improvement plans will be overseen by the Person in Charge.</li> </ul>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• The registered provider will continue to engage with the HSE Disability team to facilitate the residents transfer to an alternative care facility.</li> <li>• A review of care plans for residents that display responsive behaviours will take place.</li> <li>• The implementation of quality improvement plans relating to resident responsive behaviour care plans will be overseen by the Person in charge.</li> <li>• Consent has been obtained and documented relating to all residents that request bed rails as enablers.</li> </ul>	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All residents that are subject to suspected or confirmed abuse will be referred to external advocacy services.	

## 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 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	31/03/2023
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.	Not Compliant	Orange	31/03/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	31/12/2022

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	31/03/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/03/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Not Compliant	Orange	31/12/2022

	purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
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.	Not Compliant	Orange	31/03/2023
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.	Not Compliant	Orange	31/03/2023
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in	Substantially Compliant	Yellow	31/03/2023



	a manner that is not restrictive.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	21/11/2022