Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

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| Name of designated centre: | Hillcrest Nursing Home The Lodge |
| Name of provider: | Hillcrest Nursing Home Limited |
| Address of centre: | Long Lane, Letterkenny, Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 10 August 2021 |
| Centre ID: | OSV-0005802 |
| Fieldwork ID: | MON-0031582 |

## About the designated centre

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

Hillcrest Nursing Home has capacity for 27 residents in 23 single and two twin bedrooms, each with full en suite facilities. Short and long term care is provided to residents and specific emphasis is placed on choice and independence and enabling people to live a fulfilling life. The accommodation is over two floors. In addition, there are communal rooms, a spa room, cinema and an internal courtyard. The provider employs a staff team of nurses, carers, an activity coordinator, catering, cleaning, administration and maintenance.

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

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| Number of residents on the date of inspection: | 27 |

## 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 |
|---|---|---|---|
| Tuesday 10 August 2021 | 10:00hrs to 16:00hrs | Catherine Rose Connolly Gargan | Lead |
| Wednesday 11 August 2021 | 09:00hrs to 15:15hrs | Catherine Rose Connolly Gargan | Lead |
| Monday 16 August 2021 | 10:00hrs to 13:30hrs | Catherine Rose Connolly Gargan | Lead |
| Tuesday 10 August 2021 | 10:00hrs to 16:00hrs | Nikhil Sureshkumar | Support |
| Wednesday 11 August 2021 | 09:00hrs to 15:15hrs | Nikhil Sureshkumar | Support |

## What residents told us and what inspectors observed

The designated centre was generally well managed and residents were kept central to the service provided. Residents expressed high levels of satisfaction to inspectors regarding their lives in the centre, the service provided and the staff caring for them.

This inspection was unannounced and completed over three days. Prior to accessing the centre, the inspectors were guided through the infection control assessment and procedures. A short opening meeting was held with the person representing the provider and the newly appointed person in charge prior to being accompanied on a tour of the centre. The inspectors met most of the residents and spoke to five residents in more detail. Residents agreed they were happy with the staff, the food and their bedrooms. Their comments included 'I want for nothing here', 'wonderful facility' I'm very happy here' and 'its a good second best to home'. Some residents said they were happy to be in a location so close to the hospital, one of whom commented that was 'of most' importance to them as they had several 'medical problems'. Another resident told inspectors that staff were always available when they were needed and they never had to wait to get help. Residents told the inspectors they understood the need for the infection control precautions that were in place but were very happy that life was 'returning to normal' and their visitors were calling in to see them in the centre again.

The centre was COVID-19 free on the days of inspection. Although the centre experienced two isolated COVID-19 infection outbreaks affecting small numbers of staff, no residents in the centre were affected up the time of this inspection. Inspectors observed that staff wore appropriate personal protective equipment (PPE) and completed regular and appropriate hand hygiene. Residents told the inspectors that staff were 'checking them all the time' to identify any signs or symptoms of infection at an early stage.

The centre premises was purpose built in recent years and residents' accommodation was provided over two floors with a lift and stairs providing access between the floors. The inspectors observed that the stairs extended to a third floor and were told that this floor was used for storage only. Residents' communal accommodation consisted of a sitting/dining room and a small seated area off a circulating corridor on each floor. A cinema and spa room with an assisted bath was available on the first floor. A small reading room off the reception area was been used as a temporary staff facility, so that staff could maintain adequate social distancing and reduce their levels of contact with each other. The main kitchen located on the first floor serviced this centre and also another designated centre on the same campus. Residents' bedroom accommodation consisted of 23 single and two twin bedrooms, all with full en suite facilities. Inspectors observed that the floor space in residents' bedrooms met their needs, including space for a comfortable chair for each resident to rest and relax in their bedroom if they wished. However, storage provided in one of the twin bedrooms needed improvement to ensure

residents occupying the room had suitable and sufficient facilities to store their clothing and belongings. The inspectors observed that most of the residents' bedrooms were personalised to a good standard with their personal belongings and items that were of importance to them.

The decor was bright and the corridors were well lighted and wide. However painting on the walls and doors was in need of repair as passing equipment had damaged the wooden surfaces and removed areas of the paint on the walls and doors. Grab rails were available on both sides of the corridors to assist residents to mobilise safely. Although, effective cleaning could not be assured on wooden surfaces and walls that were damaged or missing paint, the main centre building environment appeared to be otherwise visibly clean. Inspectors were told that the laundry was shared with another designated centre, operated by the provider. The surfaces of equipment and the floor, walls and ceiling surfaces in the laundry were unclean and posed a risk of cross infection. Inspectors were also not assured that the cleaning processes in place in the laundry were in line with national guidance on infection prevention and control in residential care settings. With the exception of an unclean base surface on one cleaning trolley observed to be in use in the centre, all other equipment was cleaned to a good standard. Inspectors also observed that storage directly on floors in some areas hindered effective cleaning of those floor surfaces. There was a lack of appropriate waste bins in many areas including bathrooms and toilets. Inspectors observed that residents stored their personal assistive equipment in their bedrooms. However, there was insufficient storage space available for residents general assistive equipment and this equipment was stored under emergency escape stairs. This was a finding that the provider had not addressed following the last inspection in January 2020.

Inspectors observed that there was unrestricted access to the enclosed courtyard available to the residents. Residents could mobilise freely throughout the centre and a number of residents were observed walking around independently or with the assistance of staff on the day of the inspection. Some residents sat out on the seating around the perimeter of the centre for periods during the day, enjoying the sunshine or meeting their relatives. Call bells were available for residents who needed to request assistance and they were observed to be responded to without any delay. The inspectors observed some hazards such as uncontrolled access to the sluice room and the stairways. Fire exit directional signage was not clearly visible in some parts of the centre and signage was missing in the lift and stair lobby area on the first floor.

Residents were observed dining in the sitting/dining rooms on each floor. Both were observed to be spacious and bright. The inspectors were told that mealtimes were flexible and residents could chose to dine in the dining room or their bedrooms. The dining tables were arranged to facilitate social distancing. Inspectors observed that this arrangement allowed sufficient space for residents to sit and relax in comfortable chairs in the ground floor sitting/dining room but space for comfortable chairs in the same facility on the first floor was compromised. The person representing the provider undertook to review this and ensure that residents had defined comfortable sitting facilities in this room. Staff were observed by the inspectors assisting and supporting residents with their meals and snacks

throughout the days of inspection.

Inspectors observed that residents mostly occupied their time with recreational activities that they did by themselves such as reading, listening to music, computer games or watching television. The staff member with responsibility for coordinating residents' social activities focused on two group activities which were reading the newspapers for a group of residents and live music sessions on the ground floor in the morning and on the first floor in the afternoon. Although residents were observed to enjoy these group activities, only small numbers of residents attended on both floors. One resident was observed going to the shops with her relatives and another resident went home with family during the days of inspection. One resident enjoyed playing computer games and the provider had ensured there was high speed Internet facilities available for them. Residents told the inspectors that they 'kept busy with doing their own thing' and two residents said they were 'did not have much interest in the live music'. One resident said they enjoyed reading and writing poetry and recited a nice poem for inspectors. Some other residents told the inspectors that they 'passed the day as best I can', 'have to occupy yourself here to pass the time'.Inspectors were told that some residents attended day services each week but these services had been suspended due to the national pandemic and were due to resume in the days following the inspection. Inspectors were told by the person representing the provider that five residents were approved for personal assistant support each week. While one of these residents went out with their family during the inspection, assurances were not provided that the other four residents were facilitated to do any supported social activities that improved their quality of life over the days of this inspection. The absence of access to a varied group social activity programme did not optimise opportunities for any residents to enjoy social interaction with each other as a group. For example, although a small group of residents sat together in the sitting rooms, there was limited conversation between them. The inspectors observed that two residents spent a lot of their day in their bedrooms which was their choice.

Regular residents' committee meetings were convened so residents had opportunities to discuss and feedback on relevant issues and life in the centre. The records of the meetings evidenced discussions regarding the public health restrictions and how their impact could be minimised on residents. Residents' views were valued and the arrangements in place were shared with them. Residents who spoke with the inspectors, were well informed regarding the COVID-19 pandemic and what precautions they needed to follow to keep safe. Residents confirmed that they knew the centre's managers by name and would not hesitate to talk to them or any of the staff, if there was something they were concerned or dissatisfied about. Residents confirmed that they felt they were listened to and that they could make suggestions about the service if they wished. Staff were observed to ensure residents' privacy was respected during care procedures.

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

## Capacity and capability

Overall, governance, management and service oversight by the provider required improvement regarding the quality and safety of the service and residents' quality of life in the designated centre. The systems in place to monitor that the service was compliant with the Care and Welfare Regulations was ineffective. The arrangements in place for review of the quality and safety of the service did not provide robust assurances that issues were appropriately escalated or that areas identified as needing improvement were progressed and completed. Although some actions were completed to address the issues identified on the previous inspection in January 2020, the majority of the regulations which were not compliant on the previous inspection had repeated non compliant findings on this inspection. The provider appointed a person in charge to commence in the role on 23 August 2020 but they did not have the management experience as set out in the regulations. The findings from this inspection did not provide assurances that staffing resources were adequate. In addition the inspectors were not assured that all nursing staff were provided with sufficient training to ensure that each resident's needs were fully assessed and that their care interventions were clearly and comprehensively recorded. As a result staff did not have the information they needed to provide each resident with appropriate care to meet their current needs.

This was an unannounced risk inspection carried out to monitor compliance with the Health Act 2007 and in response to an application to renew the registration of the designated centre. The prescribed information to inform this application was incomplete at the time of inspection. The second floor of the designated centre premises was used for the purposes of storage for the centre but was not included in the floor plan submitted or in the centre's statement of purpose document.

Hillcrest Nursing Home Limited is the registered provider for the designated centre. A director of the provider company represents the provider and was also the person in charge of the centre up to 23 August 2021. This person worked on a full-time basis in the centre and was supported in their role by staff nurses, care staff, an activities coordinator, catering, household, cleaning, laundry and maintenance staff.

The provider had put some systems in place to monitor the quality and safety of the service since the last inspection in January 2020. However, this process required strengthening to ensure areas needing improvement regarding residents' safety in the event of a fire in the centre, management of risks and issues that negatively impacted their quality of life were identified and appropriately addressed. Improvements made to residents' care plan documentation since the last inspection in January 2020 were inconsistent and care plan audits were not informing comprehensive care planning.

Although there was a stable and dedicated core staff team employed who knew the residents well, the staffing resources required improvement. Nurse staffing levels were inconsistently maintained. For example one staff nurse was rostered to meet residents’ needs over both floors on 21 and 22 August 2021. Approved personal

assistant hours were not arranged for five residents under 65 years of age in line with their assessed needs. Staff training arrangements had not ensured that staff had the necessary skills and competencies to fulfil their role in needs assessment and care planning, pain management, infection control and with meeting residents' social activity needs.

The provider had arrangements in place for recording accidents and incidents that involved residents in the centre and were notified to the Health Information and Quality Authority as required by the regulations. Systems were in place to ensure all new staff who joined the service were appropriately inducted and that all staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for collection of one resident's social welfare pension and procedures were in place to ensure this process was managed in line with the legislation and best practice.

Maintenance of records as required by the regulations required significant improvement to ensure completeness and to inform a consistent approach to care and risk management. This is detailed under regulation 21.

There was a very low number of documented complaints and there was procedures in place to ensure any complaints received were managed in line with the centre's policy. However, the appeals process was not clear.

Residents were facilitated and encouraged to feedback on aspects of the service they received and this informed an annual review of the quality and safety of the service delivered to residents in 2020. Notifications and quarterly reports were submitted within the specified timeframes but quarterly reports did not contain all required information about restrictive practices. This is discussed under regulation 31.

## Registration Regulation 4: Application for registration or renewal of registration

Floor plans submitted as part of the information required for application for renewal of registration did not include the second floor of the premises and were therefore not an accurate representation of all parts of the designated centre. The revised statement of purpose document did not include description of all parts of the designated centre and the deputising arrangements in the event of the person in charge being absent from the centre.

The application form submitted did not contain accurate information.

Judgment: Not compliant

## Regulation 15: Staffing

There was insufficient staff nurse resources to maintain consistency with rostering two staff nurses on duty each day. The inspectors were told that a healthcare assistant was rostered instead of a second staff nurse to facilitate staff nurses to have annual leave. The centre's person in charge was the only nurse on duty on 24 and 25 July and on 07 and 08 August 2021 and she covered both floors.

Provision of adequate staffing resources was not compliant on the last inspection in January 2020 and the provider had failed to implement the required improvements.

Judgment: Not compliant

## Regulation 16: Training and staff development

The staff training records and discussions with the provider representative and person in charge did not provide assurances that all staff had access to training appropriate to their role and in line with relevant national guidance. For example, the majority of staff had not completed infection control training including hand hygiene training since April 2020 and five staff had not completed hand hygiene training since 2018/2019. There was no record available to confirm that staff had training in the correct use of personal protective equipment. No member of staff had training in assessment and care planning and inspectors found that a resident experiencing significant pain did not have their pain assessment completed and a care plan in place to inform management of their pain. Residents' social activity needs were also not assessed and residents did not have care plans developed describing the supports staff must complete to ensure that residents had access to meaningful social activities to meet their interests and capability needs. This is discussed under regulation 9: Residents rights.

Improved supervision of staff was required to guide and support housekeeping staff in performing their role. For example inspectors found the standard of cleanliness in some areas of the main centre premises and the laundry was poor. This is discussed under regulation 27

Judgment: Not compliant

## Regulation 19: Directory of residents

A directory of residents was maintained and was updated to ensure an accurate record of the resident occupancy numbers in the centre each day. The directory included the information as specified by the regulations

Judgment: Compliant

## Regulation 21: Records

Record keeping was not of a good standard and areas identified as requiring improvement from the last inspection in January 2020 were not completed and the following areas continue to require improvement;

- A copy of the worked duty roster requested by the inspectors did not include the full names of fourteen staff working in the centre. Two staff observed to be working in the designated centre on the three days of this inspection were not referenced in the duty roster given to inspectors.
- A copy of the training record did not include up to date information in relation to training for all members of staff working in the designated centre. Nine staff recorded as working in the centre on the duty roster were not recorded in the staff training matrix. The format of the training matrix highlighted the date the training was completed and the date training was due for each staff member. The date training was due was missing or incomplete in respect of the majority of training areas highlighted. The record did not assist the centre's management staff in having an overview of staff training needs and with planning and scheduling training.
- Annual certification of the emergency lighting in the designated centre was not available when requested.
- A record was not maintained of any occasion on which restrictive equipment is used, the resident to whom it is applied, the reason for its use, the alternative interventions tried, the nature of the restraint and its duration.
- The record of visitors entering the designated centre required improvement to ensure it was readily accessible and secure. A record of visitors entering the centre was maintained in the form of loose folded pages detailing a COVID-19 infection status assessment and placed in a box in the reception area. There was a risk that pages would be lost and the information was not readily accessible in the event of a fire incident in the centre. A record was not maintained of visitors leaving the designated centre.

Judgment: Not compliant

## Regulation 23: Governance and management

Governance and oversight of the service required significant improvement to ensure the service provided was safe, appropriate, consistent and effectively monitored. Audits to monitor the quality and safety of the service were not effective and did not identify issues which were found on this inspection. For example, the infection control audit completed in April 2021 did not identify the inspectors' finding regarding improvements needed in the laundry and the care planning audit

completed in February 2021 did not identify the areas needing improvement as discussed under regulation 5.

The process for hazard identification and assessment of risks related to residents in the centre required improvement to ensure that all risks and potential risks in the centre were identified, assessed and had control measures implemented to mitigate levels of risk. The following findings by inspectors were not identified as risks to the health and safety of residents in the centre. Some of these risks had been raised during the previous two inspections of the centre and were not risk assessed by the provider

- there was no security on the front entrance door at any time during the inspection and therefore a risk of unauthorised persons entering the centre
- an unsupervised exit door on the first floor and on the reception increased the risk of vulnerable residents leaving the centre
- stairs from the ground to the first floor and stairs from the first to the second floor were accessible and posed a falls risk to vulnerable residents and others in the absence of appropriate risk assessment.

Improvements were also found to be necessary in terms of oversight to ensure controls put in place were consistently implemented. For example, inspectors found that documented controls to mitigate risk of hazardous chemical ingestion by vulnerable residents including storage of chemicals in an unlocked sluice room were not implemented and therefore posed a risk to vulnerable residents and others.

The provider did not appoint a person in charge who met the criteria set out under Regulation 14.

The findings of this inspection evidenced that the provider had not satisfactorily progressed their compliance plan from the last inspection to bring the centre into compliance with the regulations. Inspectors' findings on this inspection evidenced that the provider had not brought 15 of the 16 regulations that were not compliant or substantially compliant on the last inspection in January 2020 into compliance with the regulations.

The registered provider did not ensure that sufficient staff resources were provided to meet the individual and collective needs of residents.

Judgment: Not compliant

## Regulation 24: Contract for the provision of services

A sample of residents contracts for provision of service were examined by inspectors. While each residents' contract was signed in agreement by the resident on admission or their relative on their behalf, the services to be provided for the resident, whether under the Nursing Home Support Scheme or otherwise were not

described.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose was revised since the last inspection to update the information however, the service provided for residents did not correspond with the findings on the inspection regarding;

- the staffing complement provided to meet the needs of residents
- the arrangements described in the statement of purpose for residents to engage in social activities, hobbies and leisure interests were not in place.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

The Chief Inspector was not notified of nine residents who had restrictive full-length bedrails in place in the quarterly report submitted for Quarter two 2021.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The complaints procedure identified the nominated complaints officer but other than the Ombudsman service did not include an appeals procedure if a complainant was dissatisfied with the outcome of their complaint investigation by the designated centre's complaint officer.

Judgment: Substantially compliant

## Regulation 14: Persons in charge

The provider appointed a person in charge on 23 August 2020 who did not have three years experience in a management capacity in the health and social care area and therefore did not meet the requirements as set out in regulation 14: Persons in

Charge.

Judgment: Not compliant

## Quality and safety

Overall, the inspectors observed that residents were generally well-cared for and were provided with good standards of nursing care and support to optimise their independence. Residents rights to choose how they lived their lives in the centre was optimised and respected. Although improvements were found to be necessary in a number of the regulations assessed, several examples of good practices and person centred care were observed. Residents had access to medical care from their general practitioners (GPs) who provided on-site reviews. While, residents were also provided with access to other healthcare professionals in line with their assessed needs, improvements were found to be necessary to ensure residents' timely access to community psychiatry and speech and language therapy services. There was also opportunity for improvements to optimise residents' social engagement including support for residents under 65years to support them with pursuing age appropriate social activities.

Individual resident care plans were informed for the most part by validated assessment tools which were updated. However, some residents' care plans lacked sufficient detail about their care preferences and usual routines. The assessment of pain and social needs assessments were not done to inform care plans and this impacted on residents wellbeing and their qualify of life. Although ceased due to the national pandemic, personal assistance (PA) supports for five residents had not been resumed as restrictions eased. Records were not consistently maintained to ensure oversight and assurance that these hours were utilised to optimise the quality of these residents' lives. This meant that these residents who were assessed and approved as needing additional supports were now depending on staff being available or their families to meet their support needs.

There were opportunities for residents to consult with the management and staff and to give their views on the service and they had access to an independent advocacy service if required.

Infection Prevention and Control (IP&C) measures were in place and there was a COVID-19 contingency plan available to guide staff. Staff had completed IP&C training in the early stage of the national pandemic but had not completed training in use of personal protective equipment which staff need to know especially in the event of an infection outbreak in the centre. Although, the centre had experienced small isolated infection outbreaks among staff to date, preparedness planning for further outbreaks should include this training to ensure protective measures are optimised for staff and residents. From observations and speaking with staff it was apparent that staff were knowledgeable in signs and symptoms of COVID-19 and

the necessary precautions required. At the time of this inspection residents and staff had been vaccinated and were monitored closely for signs and symptoms of COVID-19 infection. The provider confirmed that the centre was sufficiently resourced with personal protective equipment (PPE), cleaning and sanitising products. There were sufficient numbers of hand hygiene facilities available including clinical hand wash basins. Waste management required review to ensure recommended waste disposal equipment and waste segregation procedures were in place. The inspectors found that further improvements were required to ensure that infection prevention and control measures were implemented to a high standard and are discussed under regulation 27. Infection control

Whilst a significant amount of work had been progressed by the provider to improve fire safety in the centre since the last inspection in January 2020, inspectors identified further necessary improvements. Inspectors were not assured regarding compartmentation in the centre to ensure effective containment of fire, smoke and fumes in the event of an emergency.

Evacuation equipment was available and accessible in the event of an emergency and each resident had their evacuation needs assessed but improvements were necessary to ensure this information was regularly updated as residents' needs changed. Fire exits were clearly signed and kept free of obstruction. However, as discussed under regulation 28: Fire precautions, compartments were not clear or known by staff and emergency fire drills completed did not provide assurances regarding residents' safe evacuation. Emergency directional signage was not apparent in some areas and confirmation of annual servicing was not available.

## Regulation 11: Visits

There were procedures in place to protect residents and visitors unfamiliar with public health guidelines on safe visiting. Alternative areas to residents' bedrooms were available and used to facilitate residents to meet with their visitors.

Judgment: Compliant

## Regulation 17: Premises

Paint was damaged and missing on the surfaces of walls, doors and door frames along corridors, in communal rooms and in residents' bedrooms.

There was insufficient storage space to hang residents' personal clothing and to store their personal possessions in one bedroom providing accommodation for two residents.

There was inadequate storage facilities available to store residents' assistive

equipment resulting in this equipment being stored under stairs provided for emergency exit. This was also a finding from the last inspection in January 2020 which had not been satisfactorily addressed.

Judgment: Substantially compliant

## Regulation 26: Risk management

The risk management policy did not reference and inform the process of hazard identification and assessment of risks throughout the designated centre.

Judgment: Substantially compliant

## Regulation 27: Infection control

The following findings compromised provision of a high standard of infection prevention and control in the designated centre and posed a risk of cross infection to residents and others;

- effective floor cleaning could not be achieved due to storage of boxes of supplies and packs of continence wear on the floor in a store cupboard.
- waste segregation and disposal practices in the designated centre were not in line with best practice and posed a risk of cross infection. For example, a hazardous waste bin was not available in the sluice room. Although inspectors were told that there was no evidence of confirmed or suspected COVID-19 infection in the centre, waste, including used personal protective equipment was being disposed of as hazardous waste in bins placed throughout the centre. Waste collection bags were not in bins with closed sides. Open-top bins were in use in some areas in the centre such as the visitor's room and in some toilets.
- corners on the base of a cleaning trolley contained grime and packed brown matter and posed a risk of cross infection as this cleaning trolley was transported around the centre during cleaning procedures.
- toilet rolls were not in covered receptacles in the toilet in a twin bedroom and in the visitor's toilet and posed a risk of cross infection.
- damaged and missing paint on surfaces of walls, doors and door frames did not support effective cleaning of these surfaces.
- a hand wash sink in a sluice room was not accessible and the hand-soap and hand towel dispensers were not located within easy access of this sink to support appropriate hand hygiene in this area.
- the floor, walls, ceiling and equipment surfaces in the centre's laundry were unclean. There was cobwebs on the ceiling and the walls were dusty with paint chipped and missing in several areas. The front surface of the washing

machines was streaked and dusty. There was grit and dust on the floor surface of the elevated platform housing the washing machines. The floor of the laundry could not be effectively cleaned as not all parts of the floor were accessible due to storage of boxes on the floor surface and other equipment. The infrastructure and equipment in the laundry did not support functional separation of the clean and dirty phases of the laundering process and therefore posed a risk of cross infection.

- a cleaning bucket containing a water based solution had a mop resting in it and inspectors were told this was used for floor cleaning in the laundry. This posed a risk of cross infection.

Judgment: Not compliant

## Regulation 28: Fire precautions

Inspectors were not assured that adequate precautions were being taken against the risk of fire, for example:

- the delay in completing a programme of work in response to fire safety concerns identified in February 2019 and in the last inspection report from January 2020.
- storage of equipment at an escape stairway was observed on this inspection

Inspectors were not assured that adequate arrangements had been made for containing fires:

- the compartment boundaries were not clearly established or known by key staff in the centre. The compartment boundaries were not clearly identified on the floor plan displayed by the fire alarm panel in the centre's reception area.

Inspectors were not assured that adequate arrangements had been made for evacuating all persons in the centre:

- emergency evacuation drill records did not provide assurances that all residents within any compartment would be evacuated to a place of safety. Although, the evacuation drill referenced evacuation of a number of rooms, the evacuation procedures did not reflect the information in residents' personal emergency evacuation needs assessments or the actual numbers of staff on duty and available to commence evacuation procedures in an emergency.
- emergency exit signage were not readily visible and emergency exit directional signage was not available in the lobby area containing the lift and stairs to the second and ground floor.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

While, inspectors found that residents' medicines were stored and administered safely and as prescribed on this inspection, the provider had not ensured that a pharmacist responsible for dispensing residents' medicines was facilitated to meet their obligations to residents in line with their regulatory requirements and professional guidance. Therefore, the medicine storage procedures were not monitored by a pharmacist.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors found that improvements were necessary to ensure each resident's needs were fully assessed and that the care interventions were clearly and comprehensively described to support a consistent approach to care provision**.**

- Assurances were not available to conclude that adequate assessment and monitoring of residents who experienced pain was in place. Inspectors found that two residents experiencing pain did not have evidence based assessment of their pain levels completed or documented care plans in place to inform staff on the care interventions they must consistently complete to ensure residents' comfort.
- evidence of assessment of residents' social care needs with corresponding care plans to inform each resident's access to meaningful social activities to meet their interests and capabilities were not available.
- Regular assessment of residents' dependency needs was not consistently completed to inform the supports they required to meet their needs.

While inspectors were told that residents or their relatives on their behalf were consulted regarding their care plan reviews, there was an absence of records to support this.

Judgment: Not compliant

## Regulation 6: Health care

On this inspection, inspectors observed from their review of residents' records that residents had access to medical assessments and treatment by their General

Practitioners (GPs). The person representing the provider confirmed that GPs were visiting the centre as required. However, inspectors found on reviewing some residents' records, that the designated centre struggled with ensuring residents with mental ill-health had timely access to community psychiatric services. For example, a resident referred for psychiatric review was awaiting review for a period of five months despite a number of correspondences from the centre requesting a consultation. This delayed access to appropriate psychiatric services was having a negative impact on this residents' wellbeing. Inspectors also found that a follow-up review was not completed by a dietician to ensure discontinuation of supportive nutritional therapy and continued use of an invasive medical device for an alternative purpose was appropriate.

Judgment: Not compliant

## Regulation 7: Managing behaviour that is challenging

Residents who were predisposed to responsive behaviours as part of their diagnosis were responded to in dignified, respectful and compassionate ways by staff using effective person-centred de-escalation strategies.

Inspectors were told that full-length restrictive bedrails were in use for nine residents and which were requested by residents. Alternatives to full-length restrictive bedrails including modified length bedrails were not tried in line with national restraint policy guidance.

Judgment: Substantially compliant

## Regulation 8: Protection

Inspectors found that the provider had taken reasonable measures to protect residents from abuse. There was a policy on the prevention, detection and response to allegations of abuse in place in the centre. Staff had access to and were provided with training in safeguarding residents from abuse

Staff who spoke with the inspector were knowledgeable about what constituted abuse and clearly articulated their responsibility to report and the reporting procedures in the centre. Residents who spoke with the inspectors confirmed that they felt safe in the centre at all times.

Judgment: Compliant

## Regulation 9: Residents' rights

Inspectors were not assured that residents unable or unwilling to participate in group activities had sufficient access to activities to meet their interests and capabilities.

A record of the social activities each individual resident participated in to meet their interests and capabilities and their levels of engagement was not available. Therefore, the provider or person in charge could not be assured that each resident's social care needs were met.

Five residents with assessed additional social activity support needs were allocated individual personal assistants for varying numbers of hours each week to support their quality of life and social interaction. There was no personal assistant personnel present on any of the three days of inspection and there was no documented evidence to support personal assistant input for any of the five residents. The inspectors were told by the person representing the provider that residents' personal assistant service and the day services that they attended were ceased due to the COVID-19 pandemic. Evidence of alternative support arrangements put in place to ensure these residents continued to have a fulfilling quality of life were not available.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Registration Regulation 4: Application for registration or renewal of registration | Not compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Not compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Not compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Regulation 14: Persons in charge | Not compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management | Substantially compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Not compliant |
| Regulation 6: Health care | Not compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |

# Compliance Plan for Hillcrest Nursing Home The Lodge OSV-0005802

## Inspection ID: MON-0031582

## Date of inspection: 11/08/2021

**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** |
|---|---|
| Registration Regulation 4: Application for registration or renewal of registration | Not Compliant |
| Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:<br>Updated Floor plans and amended Statement of purpose sent to the Authority on <date> - completed | |
| Regulation 15: Staffing | Not Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>The rostering of two staff nurses was an increase in staffing complement in response to the pandemic and specific requirements to segregate staff prior to the roll out of the vaccination programme. The centre has now achieved a high level of vaccination among residents and staff and therefore the risk has significantly reduced. There were only four occasions when the centre returned to pre-pandemic staffing levels to facilitate registered nurses to take annual leave (which had built up due to leave being cancelled in the early phases of the pandemic) and due to unplanned staff attrition.<br><br>The registered provider has appointed 2 registered nurses effective from 15th and 23rd September 2021 and recruitment is still ongoing with a view to achieving the original WTE staffing complement for nurses by end Sept 2021 | |

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|---|---|
| Regulation 16: Training and staff development | Not Compliant |

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Up-to-date infection control training was in place for all staff except for <how many> staff who had not completed <state what>. However, records will be reviewed to ensure the date of the training completed is adequately evidenced.

Refresher training on assessment and care planning and pain management will be provided for all registered nurses by 01/12/2021

The frequency of environmental hygiene audits will be increased to include daily walkarounds by the PIC to enhance the oversight of cleaning practices effective from 22/09/2021.

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|---|---|
| Regulation 21: Records | Not Compliant |

Outline how you are going to come into compliance with Regulation 21: Records:
"The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations."

Duty roster now includes the full names of all staff working in the centre on any given day – complete.

Staff training matrix now has due dates populated and those that are overdue are flagged in red. In addition, training is included in the weekly management meetings to provide additional oversight – complete and ongoing.

Annual certification of emergency lighting was completed on 17 June however the certificate had not been provided by the competent person. This is now in place – complete.

All bedrails are now notified to the Office of the Chief Inspector and will continue to be included on the quarterly notifications – complete and ongoing

The visitor's book has been reintroduced in effect from 22/09/2021. Visiting risk assessments will therefore be held for no more than 21 days from this date. All others will be archived to ensure there is a record of all visitors to the centre up to 22/09/2021

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|---|---|
| Regulation 23: Governance and management | Not Compliant |

Outline how you are going to come into compliance with Regulation 23: Governance and management:
"The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations."

Audits and oversight of corrective actions (to include status of compliance plan actions) now form part of the weekly management meetings. The relevant audits will be reviewed to ensure they encompass all of the areas identified on this inspection – effective from 22/09/2021.

The PIC will receive additional training on the role of the PIC and in preparing for inspection so that she is further supported in her role – complete by 30/09/21.

Recruitment is ongoing to return the staffing complement to that described in the Statement of Purpose submitted for registration – ongoing.

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|---|---|
| Regulation 24: Contract for the provision of services | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
All resident contracts will be reviewed to ensure there is a full list of services included within the Nursing Homes Support Scheme (Fair Deal) and a list of additional services and the corresponding fees for same – complete by 30/10/2021

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| Regulation 3: Statement of purpose | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose has been reviewed and updated and resubmitted to the

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| Authority 23/06/21 - complete |

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|---|---|
| Regulation 31: Notification of incidents | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
All bedrails have now been notified to the Authority and staff have been made aware of the requirements for future quarterly notifications.

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|---|---|
| Regulation 34: Complaints procedure | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The internal appeals process is clearly outlined in the complaints policy as a named representative and telephone contact details are provided and this service has been in effect from 2017. This information is also repeated in the Statement of Purpose and in the Residents' Guide.

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| Regulation 14: Persons in charge | Not Compliant |

Outline how you are going to come into compliance with Regulation 14: Persons in charge:
"The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations."

At the time of appointment (23/08/2020) the Person in Charge had just shy of two years management experience in Hillcrest house but did have duties commensurate with managerial roles in her previous post which she held for three years. She will have achieved the 3 years management experience in Hillcrest House the Lodge by 1/10/2021.

To further support her in her role, she will undergo specific training on the role of the PIC and in preparing for inspections by 30/09/2021, will have peer support from the

Registered Provider Representative who held the post of PIC up to her appointment and will also have access to support from the PIC in the adjoining designated centre, which is operated by the Provider on the same site.

| Regulation 17: Premises | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:
All areas of paintwork will have been remedied – effective from 30/11/21

Additional storage has been provided in the twin room identified.

Assistive equipment will now be stored in residents personal space- completed

| Regulation 26: Risk management | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 26: Risk management:
"The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations."

Risks identified by the inspector have now been added to the risk register and have risk assessments in place - complete

| Regulation 27: Infection control | Not Compliant |
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Outline how you are going to come into compliance with Regulation 27: Infection control:
"The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations."

All staff have been reminded of the centres' policies and procedures and in particular around the storage of boxes, equipment and cleaning practices.

All boxes on the floor have now been removed – complete

The open top waste bins in the visitors' room and in residents bathroom/ toilets have been replaced – complete

The laundry and cleaning trolley has been deep cleaned and additional oversight of cleaning practices will be enhanced by daily walkarounds by the PIC and additional environmental hygiene audits.

All chipped paintwork has been remedied – complete

A trolley for collecting and transporting bagged waste in a closed receptable has now been purchased and is in use -complete

New covered receptacles for holding toilet paper have been purchased and are due for installation by 08/10/21

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| Regulation 28: Fire precautions | Not Compliant |

Outline how you are going to come into compliance with Regulation 28: Fire precautions: "The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations."

The need for additional fire directional signage and/ or the requirement to clearly identify compartment boundaries will be reviewed by the Fire Engineer by 15/09/21

Fire drills continue and will reinforce the compartmentalisation and evacuation procedures for all staff – ongoing.

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| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The scheduled pharmacist visits to centre have now recommenced following easing of

visiting restrictions effective from 01/09/21

| Regulation 5: Individual assessment and care plan | Not Compliant |
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All registered nurses will complete refresher training on assessment and care planning by 01/12/21

The use of a validated pain tool for older people has now been implemented and assessment and care plan audits amended to ensure review of same – effective from 01/12/21

Care plan reviews will now be signed by the resident or their representative or where this occurs over the telephone then a record will be kept by nursing staff – effective from 22/09/2021.

Residents' dependencies will be assessed quarterly in line with their assessment and care plan reviews effective from 21/09/2021.

Each resident now has their social needs assessed and a dedicated activity care plan in place – effective from 05/09/21

| Regulation 6: Health care | Not Compliant |
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Outline how you are going to come into compliance with Regulation 6: Health care:
Where referrals have been made and appropriately followed up but yet the service remains inaccessible to residents then the Provider will consider the need for escalation to the appropriate authorities. Residents and families will also be made aware of any difficulties accessing the service and the option of attending a private health service will be discussed and access facilitated (where possible) and if that is their wish – effective from 05/09/21

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| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:<br>All bedrails will now be notified to the Authority on the quarterly notifications effective from 22/09/2021.<br><br>Alternatives for the nine residents will be assessed/ trialed where possible by 27/09/21 | |
| Regulation 9: Residents' rights | Not Compliant |
| Outline how you are going to come into compliance with Regulation 9: Residents' rights:<br>"The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations."<br><br>Each resident now has their social and activity needs assessed and an activities care plan is in place for all residents to include the five residents under 65 years – complete<br><br>Day services have now recommenced for residents under 65years from 07/08/21<br><br>A record of attendance for all group activities is now in place – complete | |

## 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 |
|---|---|---|---|---|
| Registration Regulation 4 (1) | A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1. | Not Compliant | Orange | 23/09/2021 |
| Regulation 14(6)(a) | A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area. | Not Compliant | Orange | 23/09/2021 |
| Regulation 15(1) | The registered | Not Compliant | Orange | 30/09/2021 |

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| | 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. | | | |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Not Compliant | Orange | 01/12/2021 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 23/09/2021 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 30/11/2021 |
| 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. | Not Compliant | Orange | 23/09/2021 |
| Regulation 23(a) | The registered provider shall ensure that the | Not Compliant | Orange | 23/09/2021 |

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| | designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | | | |
| 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 | 23/09/2021 |
| Regulation 24(2)(a) | The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned. | Substantially Compliant | Yellow | 30/10/2021 |
| Regulation 26(1)(a) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated | Substantially Compliant | Yellow | 23/09/2021 |

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| | 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. | Not Compliant | Orange | 08/10/2021 |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 15/09/2021 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Not Compliant | Orange | 23/09/2021 |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 23/09/2021 |
| Regulation 28(2)(iv) | The registered provider shall | Not Compliant | Orange | 23/09/2021 |

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| | make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | | | |
| 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 | 23/09/2021 |
| Regulation 29(2) | The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland. | Substantially Compliant | Yellow | 01/09/2021 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 23/06/2021 |
| Regulation 31(3) | The person in charge shall provide a written report to the Chief Inspector at the end of each | Substantially Compliant | Yellow | 23/09/2021 |

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| | quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4. | | | |
| Regulation 34(1)(g) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process. | Substantially Compliant | Yellow | 23/09/2021 |
| Regulation 5(2) | The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre. | Not Compliant | Orange | 01/12/2021 |
| 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 | Not Compliant | Orange | 01/12/2021 |

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| | that resident's admission to the designated centre concerned. | | | |
| 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 | 23/09/2021 |
| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | Not Compliant | Orange | 23/09/2021 |
| Regulation 6(2)(c) | The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in | Substantially Compliant | Yellow | 05/09/2021 |

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| | paragraph (1) or other health care service requires additional professional expertise, access to such treatment. | | | |
| 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 | 27/09/2021 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Not Compliant | Orange | 07/08/2021 |