



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

## Issued by the Chief Inspector

Name of designated centre:	Rockshire Care Centre
Name of provider:	RCC Care Limited
Address of centre:	Rockshire Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	10 November 2022
Centre ID:	OSV-0000688
Fieldwork ID:	MON-0037991

## About the designated centre

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

Rockshire Care Centre is a two-storey, purpose-built nursing home that was constructed in 2007. The centre is registered to provide care to 38 residents and resident accommodation is provided in 32 single en-suite bedrooms and three twin en-suite bedrooms. There are a number of additional bathrooms and toilets suitably located and accessible. Communal accommodation is provided in a number of lounge areas on both floors which were well furnished and comfortable. The sitting room on the first floor is called the Parlour and is available for family events, birthday celebrations or private meetings. There is a large sitting room on the ground floor which leads to a well maintained, secure and sheltered garden. There is a separate large dining room, quiet room, hairdressing room, activities room and physiotherapy treatment room.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility and offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. It has one specific respite bed for residents with dementia. The centre provides 24-hour nursing care and nurses are supported by care, catering, household and activity staff. Staff are supported by the person in charge and the management team. Medical and allied healthcare professionals provide ongoing healthcare for residents.

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

Number of residents on the date of inspection:	19
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 10 November 2022	09:40hrs to 16:40hrs	Catherine Furey	Lead
Thursday 10 November 2022	09:40hrs to 16:40hrs	Noel Sheehan	Lead

## What residents told us and what inspectors observed

Overall, inspectors observed that while residents in the centre were in receipt of a good level of clinical care by dedicated staff, residents' quality of life was impacted by limited opportunities to engage in meaningful social activities. Inspectors observed that while staff treated residents with respect and dignity, these interactions were largely focused on providing care interventions and did not include sufficient personal and social interaction.

Inspectors were met by the person in charge on arrival at the centre. Following an introductory meeting, inspectors walked through all areas of the centre with the person in charge. There were 19 residents living in the centre on the day of inspection. One resident was accommodated on the first floor, and had agreed to move to a vacant room on the ground floor; this move was in progress during the day of the inspection. All other residents were accommodated in single rooms on the ground floor. Inspectors interacted and spoke with residents and family members to gain an insight into their experiences in Rockshire Care Centre, with particular emphasis on their experiences as the centre was in the process of closing down. Residents with whom inspectors spoke were aware of this, and stated that the person in charge had met with them regarding their preferences for transferring to other centres. Inspectors also spoke with family members who said the person in charge communicated regularly via telephone calls and in person in the centre, assisting them in seeking new accommodation locally. The person in charge outlined that the majority of residents were living with a diagnosis of dementia or cognitive impairment, and required significant family input when deciding on their discharge arrangements. One family member spoke about the frustration trying to secure a bed in the local area, but said the person in charge was doing all she could for them.

On arrival in the morning, staff were busy assisting residents. Most residents were up and about at this time, with some in their rooms, and some in the sitting room. All residents in the centre were seen to be well dressed and it was apparent that staff supported residents to maintain their individual style and appearance. The inspectors observed that after all residents had been assisted to get up in the morning, the centre remained quiet for the most part during the day, apart from tasks such as personal care and assisting residents at mealtimes. For the majority of the day, residents gathered in the centre's main sitting room on the ground floor. This was a large and spacious area, with comfortable seating set up around the perimeter of the room. Inspectors saw that there were long periods of time when residents sat in this area, where no spontaneous activities were initiated and there was little meaningful interaction with staff. Staff told the inspectors that as the activities coordinator had resigned, there was no planned group activities for residents. Two residents said they were bored. One resident said "there has been nothing on for ages". There was a dull atmosphere in the centre and on two occasions, inspectors observed that while there was a staff member present in the sitting room, they were not interacting in any way with residents. The television

provided background noise and the choice of programme did not suit the interests of the residents. One resident was seen have some one-to-one time doing crafts with a staff member. Inspectors did observe that when there were interactions and chats with residents, that staff treated the residents with respect and were kind and gentle in their approaches.

The communal and bedroom areas in the centre were cleaned to a good standard. Lower staffing levels meant that one staff member was responsible for cleaning each day. Bedrooms were deep cleaned once they became vacant. Where residents had moved bedrooms recently, staff had endeavoured to recreate the layout of the resident's original room and many rooms were personalised and contained residents' items such as photographs of family and friends, soft furnishings and memorabilia. All bedrooms were of a sufficient size and suitable layout. As seen on previous inspections, store rooms and sluice rooms were not cleaned to a high standard, and this posed a risk of cross infection, as detailed further in the report.

Inspectors observed that meals were mainly served in the centre's dining room which was directly adjacent to the kitchen. There were good choices on offer for each meal and the food was served warm and appetising to the residents. Some residents who preferred to remain in their room were facilitated to do so and were served their food directly from the kitchen. Inspectors saw that these residents were supported to ensure that they had an adequate intake of food and fluids. A large number of residents were unable to walk without some level of assistance, and staff were seen to assist these residents to mobilise and transfer appropriately. Those residents who were independently mobile were seen to walk and wander through the corridors and communal spaces. There was sufficient staff to ensure the safety of residents when walking unaided. Assistive hand rails were provided in all areas.

The following two sections describe the provider's levels of regulatory compliance, with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents. The findings in relation to compliance with specific regulations are set out under each section.

## Capacity and capability

This was an unannounced inspection, undertaken to assess ongoing regulatory compliance. Overall, there were significant improvements seen in the governance and management of the centre, which positively impacted on the quality of clinical care that residents received. Oversight of training, record keeping and complaints management had improved. However, inspectors found evidence of repeat non-compliance in relation to staffing, which subsequently had a negative impact on residents' rights.

The centre has a history of poor compliance over the course of two inspections; a three-day inspection on 26 November, 6 December and 13 December 2021, and a one-day inspection on 23 February 2022. Due to the level of non-compliance in the

inspection of November and December 2021, which had directly led to a poor standard of care delivered to residents, the Chief Inspector issued a notice of proposed decision to cancel the registration of the centre on 30 December 2021. The registered provider submitted written representation to this notice on 28 January 2022, and the subsequent inspection on 23 February 2022 was carried out to assess the changes outlined in the representation, and whether these changes had been effective in improving regulatory compliance and ensuring the safety and welfare of residents in the centre. There continued to be a high level of non-compliance with the regulations, including repeated non-compliances. The registered provider set out a detailed, time-bound compliance plan and the Office of the Chief Inspector afforded more time for the centre to come into compliance.

On 1 September 2022 the registered provider submitted notification to HIQA of its intention to cease business as per Section 66 of The Health Act (2007). A six month notice period for the full closure of the centre was outlined, in line with the regulatory requirement. The registered provider engaged with the office of the Chief Inspector in relation to the proposed closure of the centre, and following a provider meeting on 1 September 2022, the provider was requested to submit twice weekly updates detailing the number of residents in the centre and any transfer plans, and submission of the weekly staff rotas. The registered provider committed to a timely and phased wind down of services, in the best interests of the residents and their families.

The registered provider of the centre is R.C.C Care Limited. There are two company directors, both of whom are involved in the operational management of the centre, in the roles of general manager and human relations manager. The company directors are also involved in the governance of another nearby designated centre. The person in charge was responsible for the overall delivery of care and facilitated the inspection throughout the day. She demonstrated an understanding of her role and responsibilities and was a visible presence in the centre. There is a dedicated physiotherapist who spends two to three days in the centre. A team of nurses and healthcare assistants provide direct care to residents and are supported by catering, maintenance and domestic staff. Staffing levels in the centre had recently depleted across all departments. Inspectors found that as this aligned with residents being transferred to various different centres, the level of rostered staff was sufficient to meet the needs of the residents. However, unexpected absences could not be filled at short notice and a very small contingency of staff was available to fill these shifts. This led to a fragile staffing model, with the potential to negatively affect service delivery. This is discussed further under regulation 15: Staffing.

Systems were in place to ensure that the service was monitored regularly. New methods of auditing of important clinical areas such as wound care and medication management were in place, and a review of these audits provided assurances that the oversight of clinical care had improved since the last inspection. Improvements were required to ensure that the management of falls was reviewed, and quality improvement plans identified, as discussed under regulation 23: Governance and Management.

The person in charge had ensured that staff had access to mandatory training.

There was a system in place to monitor staff training. A review of this system evidenced that mandatory training was provided at appropriate intervals. Staff were also facilitated to avail of other training appropriate to working with older adults in residential care, for example, dementia care. There were effective record and file management systems in place. All records, such as staff personnel files and residents records were well maintained and stored securely in the centre. There was good practice in relation to complaints management and a review of complaints records showed that complaints and concerns were documented and investigated and the complainant was responded to.

#### Regulation 14: Persons in charge

The person in charge had commenced the position in May 2022. She worked full-time in the centre and had the necessary experience and qualifications to fulfil the requirements of the role.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider did not ensure that the number and skill-mix of staff was appropriate, having regard for the assessed needs of the residents, and given the size and layout of the centre. The inspector found evidence to support this finding as follows:

- On the day of inspection, three members of staff; a registered nurse, a healthcare assistant and a chef, were unable to attend for duty at short notice. Due to recent resignations of staff, there was a very small contingency of staff available to replace these staff members, and the healthcare assistant and nursing shifts were unable to be filled.
- There were insufficient staff on duty to support the provision of activities for residents. The activity programme in the centre was dependant on the presence of staff that were designated to provide activities. In the absence of this staff member, who had recently resigned, there was no activities facilitated for residents on the day of inspection.

Judgment: Not compliant

#### Regulation 16: Training and staff development

Inspectors examined the training records held in the centre. There was a range of



training completed by the majority of staff that included manual handling, safeguarding vulnerable persons at risk of abuse, infection prevention and control and fire safety training. Face-to-face training had been completed by all nurses to ensure adherence to best-practice guidance in respect of medication management, wound management, care planning and phlebotomy.

Judgment: Compliant

### Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems required strengthening to ensure that the service provided is safe, appropriate, consistent and effectively monitored. The majority of incidents occurring in the centre were falls-related. However, reviewing and trending of falls was not adequately occurring. For example, the last audit of falls was completed in May 2022. A review of incident records showed that the number of falls sustained by residents had increased since that time, despite the occupancy in the centre decreasing. Failing to fully review these falls leads to a missed opportunity to share learning from incidents and implement quality improvement plans to address any findings from the review.

Additionally, levels of compliance seen in some audits, for example; infection control and medication management, did not align with issues identified during the inspection.

Effective oversight of all areas was not in place as evidenced by gaps in the implementation of medication management policy, such as staff not adhering to appropriate process in respect of the transcribing of medications.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Records identified that all incidents and accidents occurring in the centre were

documented, with appropriate action taken. All incidents as required under Schedule 3 of the regulations had been submitted to HIQA within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a centre-specific policy and procedure for the management of complaints. A review of the record of complaints held in the centre identified that these were dealt with in accordance with this policy and procedure, and in line with the requirements of the regulation.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that since the previous inspection, there had been improvements in the quality and safety of care being delivered to residents. Significant improvements were noted in relation to care planning and assessment, access to healthcare services, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restraint use in the centre. Despite these improvements, the quality and safety of resident care on the day of inspection was compromised by insufficient opportunities for activation and social engagement, due to staff shortages. This directly led to a service that could not fully deliver individualised, person-centred care which was respectful of residents' rights.

Following the last inspection, an urgent action plan had been issued to the provider requesting that they implement systems to come into compliance with regulation 27: Infection control and regulation 29: Medicines and pharmaceutical services. Inspectors found that a number of improvements as set out in the urgent action plan had been sustained, however, notwithstanding these improvements, inspectors found that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by HIQA in 2018 were not fully implemented by staff. Further improvements in relation to medication management systems were also required.

There was evidence that the centre had committed to reducing the number of restraints such as bedrails in the centre. When these were used, they were subject to regular risk assessment. Supporting documentation was in place with regard to the decision making process in consultation with the resident concerned. There were

alternatives to bedrails, for example, low profile beds, falls reduction mats and sensor alarms in use. There was a clear procedure in place for the administration of PRN (pro re nata) "as required" medication to minimise responsive behaviours. Residents were assessed for underlying factors that may perpetuate these behaviours, and medication was only administered as a last resort. Aspects of the centre's overall medication management systems had been improved since the previous inspection. For example, the pharmacy had completed a full audit and systems were in place to ensure that medication stocks were maintained at appropriate levels. Named nurses completed weekly medication audits, however, inspectors found continued issues in relation to medication which were not in line with best-practice guidance, and had not been identified by the audit tool in use. These are outlined under regulation 29: Medicines and pharmaceutical services.

The centre continued to maintain improvements in relation to overall infection prevention and control practices. The laundry had been upgraded to ensure this area could be effectively cleaned and decontaminated. There was a regime in place to mitigate the risk of Legionella bacteria by flushing of infrequently used water outlets in the vacant bedroom ensembles. The domestic staff continued to use best-practice cleaning and decontamination procedures. Staff were seen to wear personal protective equipment (PPE) appropriately and there was a sufficient supply of this in the centre. As identified on previous inspections, the ancillary rooms in the centre such as sluice rooms and store rooms were visibly dirty. This is discussed further under regulation 27: Infection control.

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. There were daily checks of means of escape and weekly sounding of the fire alarm. Staff were aware of the fire compartments within the centre and there were clear fire maps on display to aid in safe evacuation. While fire evacuation drills were ongoing periodically, these required review to ensure that they were comprehensive and sufficiently directing staff in evacuation techniques. This is discussed under regulation 28: Fire precautions.

Resident's clinical assessments and care plans were reviewed by inspectors. There was evidence of continued improvements in relation to overall care planning and residents' changing individual needs were reflected in their care plan. Daily nursing documentation was reviewed and this was seen to sufficiently detail any daily changes, for example, on return from hospital the required changes to the residents care plan were documented. Resident's general practitioner's (GP's) provided good medical oversight, and there was evidence of appropriate referral to, and review by social and healthcare practitioners, consultants, disability and psychiatry services. Wound care records were reviewed and these were completed to a good level, with additional expertise from tissue viability nursing sought, and the subsequent recommendations implemented. Records showed that all residents were facilitated to transfer from the centre in a safe and timely way. Plans were in place for a number of residents to move to different designated centres, and there was ongoing communication with the relevant personnel in each centre to support residents safety and wellbeing during this time.

On the day of inspection, residents were not fully afforded the right to participate in activities, a right which should be afforded despite the intention of the provider to close the centre. The protected hours for overseeing social care and activities were not in place. Staff were unable to meet these important needs.

### Regulation 11: Visits

There was suitable communal and private space available for residents to receive visitors, and the current visiting arrangements posed no unnecessary restrictions on residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Systems were in place to ensure that residents were discharged from the centre in a planned and safe manner. All discharges to other facilities were discussed, planned for and agreed with the resident and, where appropriate, their family or representative, in accordance with the terms and conditions of their contracts of care.

Inspectors reviewed transfer documentation that provided evidence that all pertinent information about the resident was provided to the receiving facility. A detailed transfer letter was used to capture relevant details. On return to the centre following a temporary absence, medical and nursing transfer letters were reviewed for any changes to the resident's care.

Judgment: Compliant

## Regulation 27: Infection control

Significant improvements were noted in the overall infection prevention and control procedures within the centre. However, the following issues were identified during the inspection;

- Bags of clean laundry and opened packets of incontinence wear seen stored on the floor of a store room. This is inappropriate as cleaning the floor beneath is impossible and the items can become contaminated.
- The sluice room contained inappropriate items such as cushions and spare waste paper baskets. It was unclear if these items were for resident use, or for disposal. The sluice room is a high-risk area for cross-infection and should not contain excess equipment.
- A store room on the ground floor was unclean. The handwashing and domestic sinks therein were dirty. A build up of grime was seen on the walls and floor. Additionally, a heavily stained pillow and a bag of soiled laundry was left in the sink.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Annual fire training was provided to staff and although staff had attended some fire drills regular detailed fire drills were required at different times of the day and simulated at night when staffing levels are substantially reduced. Fire drill records reviewed needed to be more comprehensive and include timed actions, analysis and remedial actions taken to ensure safe and timely evacuation.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Inspectors found evidence that staff were not adhering to the most recent medication management guidance for nurses set out by the Nursing and Midwifery Board of Ireland (NMBI) which could potentially result in medication-related errors or incidents as follows;

- Medications which were no longer in use were held on the medication trolley, and in the medication cupboard. Medications which are no longer required by a resident are required to be segregated from other medications and returned to the pharmacy
- An insulin pen in current use was not labelled with a date of opening. This

was important as the medication was required to be disposed of 28 days after opening

- The centre's policy on transcribing of medications outlines that two staff nurses must transcribe medications. There were a number of medication administration sheets in use which were only transcribed by one nurse. This is important, as transcribing of medications is a high-risk practice.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and found them to be well written and described in detail the individual needs of the residents. Interventions were person-centred and based on validated risk assessments which were routinely updated. Care plans were initiated and updated within the required time frames

Judgment: Compliant

### Regulation 6: Health care

The health care needs of residents were well met. There was evidence of good access to medical practitioners, through the local GP and out-of-hours services. Physiotherapy was provided in house each week and allied health care professionals provided support with dietetics, speech and language therapy and tissue viability nursing.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable regarding residents' behaviours and were seen to engage positively and compassionately when behaviours were displayed. Positive behaviour support plans were in place which described the behaviours, the antecedents to the behaviour and the interventions in place to limit their occurrences.

A register of restrictive practices was maintained in the centre. There was a process of assessment in place prior to the use of restraint, which outlined when less restrictive alternatives were trialled. There was evidence that consent was obtained when restraint was initiated. Records confirmed that staff carried out regular safety checks when restraints such as bedrails were in use.

Judgment: Compliant

### Regulation 8: Protection

There were appropriate measures in place to safeguard residents from abuse:

- The registered provider facilitated staff to attend training in safeguarding of vulnerable persons
- Staff spoken with were knowledgeable of what constitutes abuse and how to report any allegation of abuse
- Records reviewed by the inspector provided assurances that any incidents or allegations of abuse were immediately addressed and investigated, with appropriate actions taken to safeguard residents
- The registered provider was acting as a pension agent for a small number of residents. The arrangements in place to ensure the residents finances were protected were in line with Department of Social Protection guidelines.

Judgment: Compliant

### Regulation 9: Residents' rights

Action was required to ensure that all residents were provided with opportunities to participate in activities in accordance with their interests and capacities. Due to the recent resignation of the activity coordinator, residents' choice in activities was restricted. There was no system in place to ensure that residents were provided with activities and social engagement in the absence of the activity coordinator.

During the inspection, residents were seen to spend long periods of time in their chairs in the sitting room, with limited stimulation other than television playing in the background. In the afternoon, the choice of television programme, a basketball game, did not provide entertainment or stimulation for the profile of residents in the centre.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Rockshire Care Centre OSV-0000688

Inspection ID: MON-0037991

Date of inspection: 10/11/2022

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: As the home is in the process of closing, limited staff are available. Recruitment is not possible. We endeavor to utilize all available staff to sufficiently resource the home and to cover absences as they arise in the interim.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: As the home is in the process of closing and due to the unexpected resignation of the Assistant Director of Nursing and Clinical Nurse Manager, no additional clinical management staff are available. Recruitment is not possible. We endeavor to utilize all available staff to provide sufficient governance and management within the home during this period.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Housekeeping staff made aware of all areas and actioned immediately. Care staff</p>	

reminded of correct storage procedures. Staff Nurses to continue to oversee both areas and report any non-compliances to the Director of Nursing for further action.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Drill form under review to include additional information as required. All staff to be trained in these areas to be completed no later than end of January 2023.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
Areas identified at inspection that require improvement have been highlighted with all nursing staff. Further guidance has been given for nurses who required it. Ongoing compliance in these areas is overseen by the Director of Nursing. All out of date medications or medications no longer required have been returned to the pharmacy.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: As the home is in the process of closing, limited staff are available. Recruitment is not possible. We endeavor to utilize all available staff to sufficiently resource the home and to cover absences as they arise in the interim.



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/01/2023
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.	Substantially Compliant	Yellow	31/01/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	11/11/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	31/01/2023
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	30/11/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product	Substantially Compliant	Yellow	30/11/2022

	<p>which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.</p>			
Regulation 9(2)(b)	<p>The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.</p>	Not Compliant	Orange	31/01/2023