



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

Issued by the Chief Inspector

Name of designated centre:	Fennor Hill Care Facility
Name of provider:	Blockstar Building Limited
Address of centre:	Cashel Road, Urlingford, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	19 June 2021
Centre ID:	OSV-0007180
Fieldwork ID:	MON-0032732

About the designated centre

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

Fennor Hill Care Facility is situated on the outskirts of Urlingford in County Kilkenny and within walking distance from the village centre. Residents' accommodation is situated on two floors of the facility and accommodates 56 residents. It is a newly built facility opened in September 2019. Accommodation comprises 48 single rooms and 4 twin rooms, all of which have spacious ensuite bathrooms with a toilet, hand sink and shower facilities. The centre has communal sitting and dining rooms on both floors. The centre can accommodate both female and male resident with the following care needs: general long term care, palliative care, convalescent care and respite care. The age profile of each resident maybe under or over 65 years but not under 18 years with low to maximum dependency levels.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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
Saturday 19 June 2021	09:40hrs to 17:10hrs	Catherine Furey	Lead
Saturday 19 June 2021	09:40hrs to 17:10hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live, they were very complimentary about their spacious, bright environment and their easy access to the lovely external gardens. Residents identified staff as being kind and caring and they enjoyed the activities provided. The inspectors spoke with a large number of the residents during the inspection and met four sets of visitors who were in visiting their relatives during the inspection.

The inspectors arrived unannounced to the centre on a Saturday morning. They were met by the nurse in charge who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented. The centre was a hive of activity with residents getting up, having breakfast and getting ready for the day. The inspectors saw that the centre was a modern well maintained building which was generally decorated to a high specification with a lovely entrance foyer adorned by a large chandelier. This foyer contained couches and a decorative fire for residents to relax beside. Day and dining rooms opened off the foyer where residents were observed to be relaxing in various groups. The downstairs rooms were very bright and overlooked well maintained gardens with raised flower beds and ornate garden furniture. There are 48 single bedrooms and four twin bedrooms all large in size with full en-suite bathrooms. Some bedrooms were seen to be personalised with pictures and items brought in from home, whereas others required personalisation. An oratory provided another area where residents could use for prayer, reflection and quiet times. There was also a meeting room on the ground floor which doubled up as a visitors room, this room was also used for window visiting. The first floor had its own day and dining room but a number of residents told the inspectors that they came downstairs for activities and to go into the garden.

Inspectors saw plenty of staff on duty both upstairs and downstairs going from residents rooms to accompany them to the communal rooms. There was also a staff member supervising residents activities in the upstairs day room. Some residents had breakfast in bed and others attended the dining room for a more leisurely breakfast. There were two staff allocated to catering and dining duties; one upstairs and one downstairs. The staff member upstairs was seen to serve cups of soup to residents at 10:30a.m. Although the inspectors had concerns that this was early for soup, all of the residents spoken to said they really enjoyed the soup and all the cups were returned empty. Lunch was served in two different sittings upstairs at 12 midday for residents who required assistance and 12:30 for other residents. Inspectors saw that all residents had returned to the day room before 13:15. The dining room itself was sparsely decorated and the walls were devoid of pictures and colour. The inspectors identified that improvements were required to the overall dining experience upstairs which was in stark contrast to the more relaxed and atmospheric dining experience downstairs, which residents enjoyed in the bright dining room over looking the gardens. The provider and Assistant Director of Nursing (ADON) acknowledged that they were currently looking at this and the

overall decor upstairs to make it more conducive with the design principals and dementia-specific requirements of this area. They said they were engaging external personnel with expertise in this area to review and advise them on the best way to progress this.

There was an activities programme in place and since the previous inspection there were now three staff members allocated to the role of activity co-ordinator. One of the activity co-ordinators came to work late morning and the inspectors saw residents enjoying watching racing from Royal Ascot. The ladies when asked stated they loved to watch it because the queen attended and they loved to see the style worn there. Residents were seen enjoying a glass of wine, pints of non-alcoholic beer were also served to residents many who were watching football matches projected on to a wall in an area beside the day room. The projected match produced very large visuals on the wall and was very atmospheric. One resident told the inspector "I feel like I am at the match but even better because I am here in comfort instead". Later in the afternoon, inspectors saw ice cream cones were served to residents that wanted them and residents were seen to enjoy same.

Throughout the day inspectors saw that residents had unrestricted access to the garden, either alone or when accompanied by staff. A new smoking shelter had been installed in a corner of the garden which contained a electric cigarette lighter, a fire blanket and an extinguisher, and since the previous inspection it now includes a call bell system. Inspectors met relatives visiting their family members during the inspection. They were enjoying the gardens walking and sitting out with their relatives. They were all very complimentary about the care provided in the centre and said communication from the centre was very good. A number of relatives told the inspectors they had been invited to a care planning meeting with their relative and nursing staff which they were grateful for. The inspectors noted that there appeared to be a warm and friendly atmosphere between residents and staff. Staff were seen to be supportive, positive and respectful in their interactions with residents.

Residents that spoke with the inspectors reported that their views were listened to and records of residents meetings showed that any issues or suggestions made by the residents were acted upon. Resident felt that their complaints or concerns would be addressed and they enjoyed the resident council meetings. The centre had also received many letters of thanks including one from a relative who was so grateful to be able to take their relative out for a spin in the car. The letter reflected how content the resident was in the centre and the affection seen between the resident and staff, which the family were so happy with. Some residents said they were grateful for mobile phones, Skype and technology which they said helped them stay in contact with their families. A survey was currently taking place of residents and relatives views. Advocacy services were availed of and residents said they felt safe in the centre. One resident had ongoing advocacy services and the advocate visited the centre every couple of weeks. Overall residents felt their rights were respected, however, inspectors identified that the screens in a shared bedroom required review to ensure the residents right to privacy was fully upheld.

Overall, the residents expressed feeling content in the centre. There were a number

of ongoing issues with the governance arrangements in the centre that required ongoing action. The residents generally seemed to be unaware of these issues. 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

There had been some improvements in the overall governance and management of the centre since the previous inspection and a number of systems had been commenced to ensure that the service provided is safe, appropriate, effective and consistently monitored. These systems were in the early stages of implementation and required ongoing development and review. However the centre did not have a person in charge in post at the time of the inspection and to date there have been four persons in charge since the centre opened less than two years previously. Improvements were also required in managerial oversight at the weekends and ongoing mandatory training for staff was required.

The centre is owned and operated by Blockstar Buildings Limited who is the registered provider. The company is made up of four directors who are all involved in the operation of other designated centres. One of the directors represents the provider and is actively involved in the operation of the centre and a consultant was employed that took responsibility for all aspects of fire safety, health and safety and risk management. The centre was registered in August 2019 for 57 beds to accommodate residents on the ground floor and first floor. The centre has a poor history of regulatory compliance and has been the subject of a number of recent inspections; February and September 2020, April 2021 and this inspection in June 2021. There had also been a number of provider meetings and a cautionary provider meeting was held on the 16 April 2021 where the provider agreed to cease taking admissions and committed to spending a minimum of two days per week in the centre to provide oversight of the service to assure safe, suitable and quality care was provided to the residents. This was due to inspectors concerns about the governance and management of the centre and the lack of oversight by the provider. On the previous inspection, inspectors found that there was a lack of systems and processes in place to monitor the safety and quality of the service. The person in charge had left the centre at the end of April 2021 and the provider did not notified HIQA of the absence of the person in charge until the 14 June 21. Details and qualifications of the person responsible for the designated centre in the absence of the PIC were not formally submitted to HIQA at the time of the inspection.

This unannounced weekend inspection was triggered following unsolicited information raising concerns about care of residents, poor staffing levels, especially at weekends and the lack of a person in charge of the centre. Inspectors generally did not find evidence to support the concerns raised with the exception of the fact

that the person in charge had not been in the centre since the end of April 2021. This is discussed further in the report. The inspection also followed up on actions required from the previous inspection. Both the ADON and the person representing the provider attended for the inspection and feedback.

The inspectors acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the residents COVID -19 free. Staff were generally seen to abide by best practice in the sanitising of hands and wearing of Personal Protective Equipment (PPE). Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. There was evidence of more recent staff meetings that took place following the previous inspection to ensure staff were familiar with and aware of the ongoing changes to guidance from public health and the HSE.

Staffing levels were found to meet the needs of the residents. Three care staff had been promoted to senior care staff to provide more supervision of staff and the care provided. These senior care staff were also responsible for the induction and training of new care staff and comprehensive induction programmes were seen to be in place in some staff files. Inspectors welcomed this strengthening of the supervision of staff, however, arrangements for the supervision of staff at weekends required improvement. Although there were on call arrangements for the ADON at the weekend there was no senior nurse on duty at the weekend. Improvements in staff training were seen with staff having received moving and handling training and responsive behaviour training since the previous inspection. Further mandatory training and other training was scheduled and booked.

Following the previous inspection the ADON was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care. The auditing system had been enhanced and staff nurses were all allocated a care record each day to audit and review, the results of which were to be fed back to the ADON. Improvements were seen in the management of records. There was evidence of a governance and management meeting held on 10 June 2021 where all aspects of the service was discussed and actioned. Overall the inspectors found the management team were responsive to issues as they arose but continued and sustained improvements in all aspects of the governance and management of the centre is required.

Regulation 14: Persons in charge

At the time of the inspection there was not a person in charge in the centre. According to the records the previous person in charge was last on duty in late April and the provider was currently recruiting for a replacement.

Judgment: Not compliant

Regulation 15: Staffing

On the morning of the inspection there were two nurses on duty, seven care assistants, two housekeeping staff and four staff members in the catering department. The inspectors were satisfied this was an adequate number of staff on duty to meet the needs of the 41 residents present on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There had been continued improvements in staff training seen since the previous inspection. However there continued to be gaps in some mandatory training. A schedule of training was given to the inspector which demonstrated that numerous training was booked throughout the summer and this was ongoing. Due to the ongoing issues with wound care management in the centre wound care training is required.

Supervision of staff at the weekend required review as although there was on call arrangements there was no management on duty.

Judgment: Substantially compliant

Regulation 21: Records

Improvements were seen in staff files. Four files viewed contained the requirements of Schedule 2 of the regulations.

All other records were made available to the inspectors as requested and were seen to be maintained in a safe and accessible manner..

Judgment: Compliant

Regulation 23: Governance and management

The ongoing and continual changes to management personnel, particularly the person in charge has left the centre in a vulnerable position. Lack of oversight was evident on the previous inspection and although the inspectors have identified

improvements on this inspection the appointment of a permanent person in charge is essential, to ensure sustained improvement. A clearly defined management structure is also required which is currently not in place.

Improved management systems were in the early stages of implementation and required ongoing development and review to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Improvements continued to be required in some care practices and in the oversight of medication management which has been identified as an issue throughout all of the previous inspections

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications had been submitted for all incidents specified in the regulations in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Records were maintained of verbal and written complaints and the outcome was documented. The complaints process was seen to be displayed in the entrance hall of the centre. The appeals process was outlined in this document as well as the contact details of the ombudsman.

There were suggestion boxes located on each floor which meant that residents or visitors could raise a concern or make a suggestion anonymously, if they wished.

Judgment: Compliant

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had not notified the Chief inspector of the absence of the person in charge in a timely manner. The person in charge was absent from the centre since the 28th April and notification of change of person in charge was received on the 14 June 2021.

The provider did not supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre or the person in charge of the centre in the absence of the person

in charge.

Judgment: Not compliant

Quality and safety

Overall, residents were seen to have a good quality of life which was encouraged by staff who were kind and supportive. Inspectors noted that since the last inspection, significant improvements had been made in infection control procedures, care planning documentation and risk management. Nevertheless, some improvements were still required with regard to the implementation of specific directions and advice from healthcare professionals, the storage and administration of medications, inconsistencies in the management of behaviours that challenge and the design and layout of the first floor.

The design and layout of the ground floor promoted an unrestricted environment for residents who were encouraged to mobilise freely and had access to an enclosed garden from the large ground floor sitting room. The first floor, which was referred to as "the dementia unit", required improvements to ensure that the residents who had a diagnosis of dementia were afforded the same experience as those accommodated on the ground floor, in particular the dining experience for the residents and the personalisation and decoration of individual rooms.

Overall, the centre was found to be very clean throughout. Cleaning staff were knowledgeable and had received training specific to their roles. One resident was in precautionary isolation following readmission from hospital. The infection prevention and control procedures in place were seen to be well-managed and in line with current guidelines to ensure the ongoing safety of residents and staff. The procedures for donning and doffing of PPE were much improved since the last inspection.

The activities schedule in the centre continued to be of a good quality, with a number of engaging and varied activities on offer seven days a week. Staff were seen to be supportive and encouraging in their interactions with residents. Following on from the last inspection, an activities coordinator was allocated specifically to the first floor. However, on the morning of inspection there was no scheduled activities on this floor and while care staff on duty were seen to encourage some activation of residents by seating them at the table with word searches and colouring, in the absence of a dedicated staff member to coordinate an activity, there was little stimulation for the residents. Residents who had the ability to mobilise freely, were seen to do so, and in the afternoon, residents from upstairs were seen to come down to the ground floor and enjoy the large spacious sitting room and the gardens.

There were good improvements noted in the overall care planning and assessment process, with regular updates and reviews relative to any changes identified. Inspectors found that that residents had very good access to healthcare through

regular medical and other allied professional reviews. Appropriate and timely referrals were made to dietitian, wound care specialist and occupational therapy. However, similarly to the previous inspection, there was evidence that specific instructions from medical and allied health professionals were not consistently followed. The inconsistencies identified presented a risk of poor outcomes for residents and is discussed under Regulation 6.

Further oversight was required for the the management of residents with behavioural and psychological symptoms of dementia. Since the last inspection, improvements were noted in the management of medications used to treat these behaviours, with a robust system in place requiring detail of the rationale for the use of the medication. Residents' care plans were updated to include relevant de-escalation techniques to trial before administration. However, inspectors observed an incident where a resident displayed behaviours that challenge, and found that this behaviour was not subsequently recorded in the corresponding behaviour analysis tool, the Antecedent – Behaviour - Consequence (ABC) chart, as outlined in the residents' care plan. A review of ABC charts found inconsistencies in the documentation, with limited description of the potential triggers to the behaviour and the techniques used to diffuse the situation. Oversight and analysis of these behaviours is required, to ensure that all residents are adequately protected.

Some issues identified on the previous inspection in relation to overall medication management within the centre had been actioned and improvements were noted, including in the management of controlled and psychotropic drugs. The centre was preparing for a move to a more secure and updated medication administration process with a new pharmacy provider. Inspectors identified that specific instructions with regard to the storage and administration of certain medications was not followed, as identified under Regulation 29.

Regulation 11: Visits

Visits were seen to take place in line with updated visiting guidelines. Many visitors were seen coming and going on the day, with visits taking place both indoors in residents rooms and in the garden. There was sufficient space and time allowed for residents receive their visitors in private. Visitors confirmed that they were communicated with by management in relation to any changes to the visiting procedures.

Judgment: Compliant

Regulation 17: Premises

Deficits in the premises were noted in the following areas;

- In a number of residents' ensuites, the automatic lights, designed to illuminate immediately on entry, took a long time to come on. This posed significant risk to residents using the ensuite independently.
- Storage in shared ensuites required review. Inspectors observed that residents' belongings including toiletries and sanitary items were not clearly identified and separated.
- The design and decor of the first floor did not fully meet the needs of the residents accommodated in this area. The majority of residents in this area were living with a diagnosis of dementia but the area lacked colour, textures, rummage boxes, visual cues. Bedrooms lacked personalisation and many were devoid of pictures on the walls or other sensory stimulation. The provider had identified this and was engaging external personnel to review and improve the dementia-specific requirements of this area, including the improvement of residents individual rooms and the communal and dining areas.

Judgment: Substantially compliant

Regulation 26: Risk management

Inspectors verified that the actions required from the last inspection in relation to the provision of a call bell in the smoking area and the presence of a trailing cable in a residents room had been completed.

Judgment: Compliant

Regulation 27: Infection control

Inspectors followed up on the issues identified on the last inspection and found that in general, infection control procedures were much improved.

- One resident was in precautionary isolation following readmission from an acute hospital stay. The required measures for the prevention and control of spread of infection were in place, in line with the current Health Protection and Surveillance Centre (HPSC) guidance. This included the appropriate storage, wearing and disposal of PPE when attending to residents in isolation.
- Hand hygiene sinks were found to be all in working order and there was a sufficient wall-mounted alcohol hand gels throughout the centre.
- Cleaning staff confirmed that all chemicals were decanted daily in the dedicated domestic store area which was upgraded to include hand hygiene sinks.
- Cleaning of frequently touched areas including hand rails and light switches was observed to be carried out by healthcare assistants at regular intervals in

the afternoon, when the domestic staff were off duty.

Judgment: Compliant

Regulation 28: Fire precautions

Following the last inspection, further fire evacuation drills had been practiced by staff, including full compartment evacuations. Staff spoken with confirmed attendance at recent fire safety training and participation in evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on the sample of records reviewed, clinical assessments of residents needs were undertaken at regular intervals and when any changes were identified. These clinical assessments were reflected in the residents' individual care plans which were sufficiently detailed to appropriately direct the care of the resident.

Residents who had been recently readmitted from hospital were seen to have a comprehensive review of their discharge documentation completed, and the necessary changes were reflected in the assessments and care plans.

Judgment: Compliant

Regulation 6: Health care

Recommended medical treatment and professional advice from allied health professionals continued to be inconsistently followed. This could potentially lead to poor outcomes for residents. For example:

- A recommendation by an occupational therapist for a resident to have regular two-hourly repositioning was not consistently followed, with large gaps evident in the repositioning chart and appropriate seating was not seen to be in place for this resident.
- Wound care charts for residents with pressure sores were inconsistently completed. On a number occasions a note was made that a dressing had been renewed, but there were no clinical measurements or assessment of the wound documented to show improvement or deterioration of the wound. This is required to demonstrate evidenced based practices.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

While improvements in the detail contained within residents' behavioural care plans were noted since the previous inspection, inspectors observed that a resident who was identified as displaying behaviours that challenge was not consistently responded to in the manner outlined in their care plan. For example, episodes of peer-to-peer aggression were not sufficiently documented in the residents behaviour chart and there was no evidence of analysis or follow up of these episodes to identify the triggers to this behaviour, what interventions worked well and what further supports could be put in place to prevent recurrence.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors observed that residents' rights to privacy were not fully upheld in a number of twin bedrooms. The placement of the privacy curtains between the beds meant that one resident would have to enter the private curtained off area of the other resident in order to access the shared ensuite bathroom.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Improvements in the centre's medication processes and procedures were ongoing. Further oversight was required to ensure that medicinal products were stored and used according to manufacturer's guidance. For example:

- Insulin pens were found to be stored in the fridge, despite the manufacturer's instructions stating that it is not to be stored in a fridge when in use. In addition, the insulin was noted to have been open for longer than the specified 28 days. This could lead to potential ineffectiveness of the medication.
- A topical patch was in use which had specific instructions regarding it's application which were not being followed. This could also lead to potential ineffectiveness of the medication.

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	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant

Compliance Plan for Fennor Hill Care Facility OSV-0007180

Inspection ID: MON-0032732

Date of inspection: 19/06/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A person in charge has been appointed and will commence their role on the 23/08/2021 As an interim measure a person in charge with the required experience as per regulation has been appointed to fill the vacant position in the interim period.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Currently we are in the process of completing all mandatory training in house as required under regulation for all staff. Wound care training is being undertaken by all staff Nurses in the Centre.</p> <p>Supervision and management presence is now in place at weekends.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

A suitably qualified person that meets Regulation has been appointed and is due to commence their post on the 23rd of August 2021.

As an interim measure as requested by the authority a person with the relevant qualifications will fill this role for a six-to-eight-week period or as required.

Over site of the center continues from the RPR 2-3 days per week and daily communication including weekends.

Registration Regulation 6: Changes to information supplied for registration purposes

Not Compliant

Outline how you are going to come into compliance with Registration Regulation 6:

Changes to information supplied for registration purposes:

Changes to information supplied for registration purposes

All efforts going forward will be made to inform the authority of any changes to the information supplied as prescribed in the registration of the center in a timely manner.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

As identified by the inspectors, the automatic lights designed to illuminate immediately on entre too a long time to come on, this has been actioned and completed.

Residents' belongings in shared rooms are now clearly identified and separated for residents in shared rooms.

Areas identified as needing to be further enhance on the first floor are in the process of being reviewed and an external person has been engaged to enhance the environment.

Visual cues, rummage boxes and personalizing of bedrooms and sensory stimulation is being reviewed and actioned in areas where appropriate and accepted by residents.

Improvements has commenced in individual bedrooms and communal and dining areas.

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Repositioning charts now in place and monitored by staff appropriately.</p> <p>Wound care charts are now completed with full assessments and evidence of improvements noted are documented as required.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: A review of all behavioral care plans has commenced with attention and updating in regard to Peer-to-Peer aggression put in place.</p> <p>Ongoing analysis is now part of the review and care planning process in conjunction with GP/ clinical team/resident and family member/ Advocate</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Placement of the privacy curtain has been addressed and completed with input from both residents occupying the room.</p> <p>Both residents can now access the en-suite bathroom without having to enter the private curtained off area of the other resident in the room.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

A Medication review was conducted to include the correct storage of Insulin by type with Manufacturer's instructions noted and input into details concerning all storage of Insulin in house put in place.

New rotational charts have been introduced for the management of Exelon patches as there was already documentation to confirm pain patches locations in place.

Nursing narrative entries are now robust regarding positions of patches and sites rotated in line with manufacturer's guidance and best practice.

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 6 (1) (a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre for older people.	Not Compliant	Orange	26/07/2021
Registration Regulation 6 (1) (b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.	Not Compliant	Orange	19/07/2021
Registration Regulation 6 (2) (a)	Notwithstanding paragraph (1), the registered provider shall in any event notify the chief inspector in	Not Compliant	Orange	26/07/2021

	writing, within 10 days of this occurring, where the person in charge of a designated centre for older people has ceased to be in charge.			
Regulation 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	14/07/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2021
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Substantially Compliant	Yellow	31/10/2021
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	30/09/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for	Not Compliant	Orange	31/08/2021

	all areas of care provision.			
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	31/08/2021
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.	Not Compliant	Orange	30/06/2021
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Not Compliant	Orange	30/09/2021
Regulation 7(2)	Where a resident behaves in a manner that is	Substantially Compliant	Yellow	30/09/2021

	challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2021