



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

|                            |                          |
|----------------------------|--------------------------|
| Name of designated centre: | Manderely Lodge          |
| Name of provider:          | Health Service Executive |
| Address of centre:         | Cavan                    |
| Type of inspection:        | Unannounced              |
| Date of inspection:        | 11 April 2022            |
| Centre ID:                 | OSV-0002445              |
| Fieldwork ID:              | MON-0034327              |

## About the designated centre

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

This designated centre provides 24 hour care and currently accommodates up to 5 female adults from 18 years upwards, with an intellectual disability. The house is a two storey detached house. On the ground floor there is an entrance hallway, a main kitchen cum dining room, a sitting room, a utility room and one double bedroom with an en suite. On the first floor there are four bedrooms one with a shower facility. There is also a main bathroom and a hot press. The external of the premises is fully accessible for residents and parking is available to the front and side of the premises. The house is located on the edge of a large town in Co. Cavan within walking distance to all local amenities. The centre employs seven full-time care assistants and a CMNII (person in charge) on a part-time basis (shared responsibility for another centre). During the day there are two staff on duty and at night one waking staff. On-call support service is also provided.

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

Number of residents on the date of inspection:

5

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 |
|----------------------|----------------------|-----------------|------|
| Monday 11 April 2022 | 07:55hrs to 16:05hrs | Caroline Meehan | Lead |

## What residents told us and what inspectors observed

From meeting with residents, and from observing staff interacting with residents it was clear that residents were being supported to enjoy a varied and meaningful life in line with their wishes. The inspector also met with the person in charge and reviewed documentation about the care and support residents received. Significant progress had been made since the last inspection, in the provision of healthcare and in the practices around medicine management, which had positively impacted the rights of residents to participate in decisions about their care and support. However, infection prevention and control practices required significant improvement, to ensure residents were protected from a risk of acquired infection. In addition, the staffing arrangements also required improvement to ensure staff had the required skills and knowledge to meet the diverse needs of the residents in the centre.

This centre had previously been inspected in July 2021, and at that time, concerns had been identified with the oversight arrangements in the centre, which had impacted on the safety and wellbeing of residents in the centre. This inspection was carried out as a follow up to the last inspection, in order to review the actions from the provider's compliance plan, and to monitor ongoing regulatory compliance.

The inspector briefly met three residents on the morning of the inspection. These residents were getting ready to go to day services, and were being supported by the staff to prepare for their day. The three residents went to day services on a part-time basis, and one of the residents worked every second weekend in a local supermarket.

Later in the morning, the inspector met the two other residents who lived in the centre. One of the residents, with the support of the person in charge spoke about a knitting club they go to every week in the local town with one of their peers, and said they really enjoy it. The resident told the inspector about some of the activities they like to do during the week, including watching comedy shows, music sessions in the local pub, getting their nails done in the beautician and going to the hairdresser. They also enjoyed going regularly to a 'Salt Clinic' in the local town with their peer. While the other resident preferred not to talk to the inspector, they communicated with the person in charge about their plans to go out for coffee that morning with their peer.

The provider had contacted family members as part of the annual review and positive feedback was received on the care and support their relatives received from staff in the centre.

The residents all appeared happy and comfortable in the centre, and the inspector observed that the staff interacted with residents in a kind and respectful way. There was a very positive atmosphere in the centre, with residents and staff laughing and enjoying a comedy show together in the afternoon.

The centre was homely and each of the residents had a spacious bedroom, individually decorated with personal items, choice of colours and soft furnishings. Residents had plenty of storage in their own rooms for their personal belongings, however, adequate storage was not available in communal parts of the centre. While overall the centre was accessible for residents, the lack of suitable storage had the potential to impact of the safety of residents in terms of mobility, fire safety and food hygiene.

The person in charge and staff knew the specific communication styles of the residents and described these to the inspector, including lip reading, single word communication, and gesture. The inspector observed that, staff interacted with the residents consistent with their preferences, and were responsive to requests made by residents. For example, a resident told the inspector in the morning they would like a cup of coffee, and this was promptly prepared by a staff member.

As mentioned, there had been significant improvements in the rights of residents, and residents were given the necessary information and support in order to participate in decisions about all aspects of their care. This included information about healthcare issues and health promotion interventions, attending appointments supported by staff or the person in charge, discussing improvements to the premises, and choosing activities or meals. Information was available for residents on how to access an external advocacy services.

The inspector spoke to two staff members and with the person in charge during the inspection. The person in charge outlined the changes that had been made since the last inspection in relation to healthcare provision, medicines management and oversight of the centre. The person in charge also described the induction process for new staff, and training needs analysis which was reviewed on a six monthly basis. While the person in charge was knowledgeable on the needs of the residents, the inspector found staff on duty did not have sufficient knowledge in the healthcare needs of residents.

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

## Capacity and capability

The inspector found the provider had made improvements since the last inspection, and had put systems in place to ensure residents were provided with an effective service. This meant that residents' needs were being comprehensively assessed by the relevant healthcare professionals, and overall appropriate care was planned and provided for through healthcare planning and medicine management. There had been a focus on ensuring residents' rights were upheld, and that residents were informed, so as to participate in decisions about their care and support. The

provider had implemented an improved system of oversight, both directly in the supervision of care and support by the person in charge, and putting enhanced reporting systems in place when the person in charge was not on duty. Despite these improvements, the inspector found staff did not have the necessary skills and knowledge to ensure residents were kept safe at all times. Specifically this was reflected in staff knowledge and awareness of some residents' healthcare needs, and in their practice relating to infection prevention and control.

The centre was staffed by healthcare assistants, with one staff on duty for 12 hours a day, and one staff on duty for eight to ten hours during the day. There was one staff on duty in a waking capacity at night time. The person in charge worked nine to five, Monday to Friday, and spent four hours a day working directly in the centre. The person in charge was also responsible for a nearby designated centre, and could attend the centre outside of their scheduled four hours, during the week if the need arose.

On the morning of the inspection, the inspector met a healthcare assistant as they finished the night shift, and a relief staff member who was coming on duty for a day shift. The inspector spoke to the staff member scheduled on day duty about their knowledge of the healthcare needs of the residents; however, the staff member was not aware of some specific healthcare risks of residents, the emergency response, and had not received training in this emergency response. The staff member was able to describe the safeguarding measures in place in the centre, and also told the inspector they had an induction which had covered the fire exits, and an instruction to read the person centred plans. The staff member was due to work for a total of three hours alone in the centre on the day of inspection, and for two waking nights alone on the weekend following the inspection. Later in the day the inspector asked the staff member of their knowledge of any of the healthcare needs of the residents; however, the staff member stated they did not know any of the healthcare needs of the residents.

Similarly the inspector spoke to a permanent staff member about the needs of the residents, and the staff was able to describe some of the needs and support plans. However, the staff was not knowledgeable on an emerging need of one resident, and there was no supporting guidance in the personal plan. Given the diverse healthcare needs of the residents, the recent changes in the healthcare needs of one resident, and the concerns which had been identified on previous inspection, the inspector was not assured that the arrangement for unfamiliar staff to work alone in the centre could ensure resident were appropriately supported.

This was discussed with the person in charge when they arrived to the centre, and the person in charge had arranged for some of the shifts to be covered by familiar staff by the end of the inspection. The inspector also discussed the induction process with the person in charge; however, there was no evidence to confirm the staff member who was on duty in the morning had been provided with a comprehensive induction. Some new staff had been provided with an induction; however, the induction took place over one day, and it was not evident that the healthcare needs of the residents were comprehensively outlined to staff or that

their knowledge was checked following induction.

The inspector reviewed a sample of rosters from the preceding months and while in general consistent permanent staff were provided, on some occasions agency and relief staff filled shifts, and may be working for some of these hours alone. The inspector was not assured that staffing resources were being effectively deployed, to ensure there were staff who knew the needs of the residents working in the centre at all times.

Following the last inspection, the provider had outlined the skill mix in the centre would be continually reviewed, however, there was limited evidence to confirm a review had taken place. While the training needs of staff had been reviewed, there had been no comprehensive review to consider if the skill mix in the centre met the comprehensive needs of the residents. The inspector met the director of nursing at the end of the inspection who confirmed that an additional two social care worker posts had been sought for the centre.

Given the diverse healthcare needs of the residents and the associated risks, the overall skill and knowledge deficit of staff, and the ineffective deployment of staff, an urgent action was issued to the provider on the day following the inspection. The provider responded within the required timeframe, outlining the actions they were taking to bring the centre into compliance.

Staff had been provided with a range of mandatory and additional training, including safeguarding, managing behaviour that is challenging, fire safety, basic life support, manual handling, and a range of infection control training. Since the last inspection, staff had completed refresher training in medicines management, which had included a practical assessment, and a review of staff competencies in medicines management was scheduled annually.

Improvements had been made in the management of the centre. Since the last inspection a new person in charge had been appointed, who had the required experience and qualifications to fulfil this role. Staff outlined they could raise concerns with the person in charge about the care and support residents received should the need arise. Since the last inspection, the person in charge maintained oversight of the healthcare needs of residents, and took responsibility for attending healthcare appointments with residents. An improved system of reporting healthcare concerns to an appropriate healthcare professional had been developed. This meant that there was effective communication of residents' presenting healthcare concerns, in order to seek appropriate support and guidance.

The provider has identified the need for more space in the centre, and the inspector saw that plans were progressing to extend the space in the centre. There had been a number of audits completed since the last inspection, for example, medicine management audits, person centred plans and a six monthly review of the quality and safety of care and support. The inspector found actions that had been developed following these audits were complete on the day of inspection. For example, an audit by a pharmacist had been arranged, a medicines information reference book was made available, and a training needs analysis was complete for



staff. However, it was not evident that the provider had identified the issues relating to infection prevention and control, so as to be assured that practices were safe, effective and minimised risks to residents. Similarly, the risk relating to staffing had not been appropriately addressed since the last inspection, to ensure residents were supported with a suitably skilled workforce.

An annual review of the quality and safety of care and support had been completed and the views of residents and their representatives had been sought as part of this review.

#### Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre. The person in charge was knowledgeable on the regulations and had the required managerial experience and qualifications to fulfil this role. The arrangement for the person in charge to manage this, and one other designated centres was found to be satisfactory, and the arrangement overall ensured the effective management of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient numbers of staff employed in the centre, however, the provider had not ensured there was an appropriate skill mix in the centre, consistent with the needs of the residents. There was limited evidence to confirm that the provider had reviewed the skill mix in the centre, as per the provider's compliance plan. Staff were not knowledgeable on the healthcare needs of residents, or the support requirements to safely and effectively meet their needs. Staff were not always effectively deployed to ensure staff who knew the residents well were on duty, in particular at night time and for some periods in the morning and evening.

The provider was issued with an urgent action on the day following the inspection, and responded in writing outlining the actions they were taking to bring the centre into compliance.

Judgment: Not compliant

#### Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training, and had

completed refresher training in medicines management since the last inspection. A review of staff competencies in medicine management was scheduled annually. Staff were supervised by the person in charge on a day to day basis.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure. Staff reported to the person in charge, who reported to the assistant director of nursing and director of nursing. Staff could raise concerns about the quality and safety of care and support. A number of audits had been completed, and the actions which arose following audits were either complete or in progress on the day of inspection. An annual review of the quality and safety of care and support had been completed, and the review had considered the views of residents and their representatives.

However, while the centre was monitored on an ongoing basis, concerns identified on this inspection relating to infection prevention and control had not been identified through the providers review processes. In addition, the issue relating to staffing had not been satisfactorily addressed since the last inspection, so as to ensure residents were supported with an appropriately skilled workforce. This lack of oversight in relation to staff knowledge and skill mix had the potential to put residents with significant care needs at risk.

Judgment: Not compliant

## Quality and safety

Overall the inspector found there had been significant improvements since the last inspection, and residents were provided with care in order to meet their healthcare needs. Medicines management practices were found to be safe, and the rights of residents in terms of participating in decisions about their care were upheld. Good practice was also identified in risk management and in food and nutrition. However, improvement was required in infection prevention and control practices, and in the provision of suitable storage in the centre.

In the morning, the inspector observed that the centre was not clean, and food was not stored appropriately or in some cases hygienically. For example, a handwashing sink and draining board, was found to be unclean, with spillages on it, and a basket of fruit was found to be stored in another handwashing sink in the kitchen. This was pointed out to a staff member; however, the inspector was not assured from the response, that the staff was aware of the potential infection control risks posed by

these issues. Similarly, a bag of vegetables was found to be stored in close proximity to a clinical waste disposal bin, and bread on top of a freezer where an upturned seat was also stored. The inspector reviewed the cleaning records, and noted cleaning of sinks was not specifically outlined in the cleaning schedule. The identified risks were pointed out to the person in charge on arrival to the centre, as well as inappropriate storage of drinks in a file storage press.

In addition, the inspector observed that staff were not wearing the appropriate face coverings, in line with public health guidelines, and due to the size of the centre, social distancing could not be maintained. The person in charge took action during the day to ensure that the immediate risks, relating to food hygiene, clean hand hygiene sinks and use of personal protective equipment (PPE) were addressed. An urgent action was issued to the provider on the day following the inspection, and a written response was received, outlining the action the provider was taking to mitigate the risks.

The inspector reviewed the premises with the person in charge. While the residents had sufficient storage for their personal belongings in their own bedrooms, sufficient storage was not available in communal areas. For example, on the morning of the inspection there were a number of boxes of surplus supplies stored in the hallway, awaiting collection, and in the hotpress a number of items were stored on the floor, presenting a potential hazard. The person in charge ensured these issues were dealt with by the end of the inspection; however, the provider had acknowledged the need for additional space in the centre, and had initiated plans to extend the size of the centre.

There was sufficient private space in the centre and residents had their own bedrooms. There were sufficient bathrooms in the centre; however, the inspector observed that two toilets in the centre had no closing lids provided, and the seat of one of the toilet required repair.

Improvement had been made in the provision of healthcare for residents living in the centre. Since the last inspection all of the residents had an annual review of their healthcare needs completed with their general practitioner, and subsequent reviews were planned for going forward. Residents were supported by the person in charge to attend healthcare appointments, and healthcare plans were in general in place, to guide the practice on how best to support residents. A revised system had been put in place, to support residents when they became unwell, and staff could contact the person in charge during the week, or two nurse led centres or nursing management at the weekend or during out of hours. Residents also had timely access to a range of healthcare professionals in line with their identified needs, and actions were taken to respond to changes in residents' healthcare status to ensure they received appropriate review and care.

Residents were now attending healthcare appointments which meant that they had the opportunity to discuss their healthcare needs. Information had been provided and discussed with residents on specific healthcare issues and interventions during residents meetings. Residents also participated in the running of the centre, discussing meal choices, activities choices and improvements to be made in the

centre in terms of premises. Residents had access to information on advocacy services.

Medicines management practices had also improved in the centre. Since the last inspection, there had been clear guidelines put in place regarding the administration of PRN (as needed) medicines. A staff described this process, related to two specific pain medicines, and was aware of the associated risks. Staff were also knowledgeable on the types of medicines in use in the centre, and had access to additional information on medicines if needed. The practice of withholding medicines had significantly reduced, and staff clearly described the communication pathway with a nurse, prior to a medicine being withheld. Written prescriptions were available indicating the changes made by a registered prescriber, and were reflective of the medicines documented in the medicine prescription sheets.

Notwithstanding the issue related to food storage, overall the inspectors found residents were provided with appropriate nutritional support. Residents were supported to buy and prepare meals and a visual guide cookbook was used by a resident for shopping and preparing meals. There was ample supply of fresh food available, for meals and snacks. Records of meals provided to residents were maintained, and meals were found to be varied and nutritious. Where required residents had been assessed by a speech and language therapist and modified diets were provided as required.

Overall risks were being managed in the centre and there was a proactive response to risks as they emerged. This included areas such as changing healthcare needs, and adverse incidents. The inspector reviewed a sample of individual risk assessments and found the measures outlined in risk management plans were either in place or were progressing. For example, in response to a risk of falls, an occupational therapist had reviewed a resident's needs, handrails were installed on the stairs, a profile bed had been provided, and the person in charge had commenced sourcing an alert system for the resident, to be used at night.

While there had been no recent safeguarding concerns, a previous safeguarding issue, meant that measures continued to be implemented to prevent reoccurrence. Both staff on duty described these safeguarding measures. All staff had up-to-date training safeguarding. Staff described the actions to take in the event of a safeguarding concern. The inspector observed that residents' finances were securely stored, and a staff member described the procedure for managing residents' finances, including maintaining receipts of all purchases, and two staff checking balances.

## Regulation 17: Premises

While suitable storage was available for residents' own personal possessions, adequate storage was not available throughout the centre. The provider had acknowledged that additional space was required in the centre, and had commenced on plans to extend the space available in the centre. Two toilets in the centre also

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| required attention.   |
| Judgment: Substantially compliant   |
| <b>Regulation 18: Food and nutrition</b>  |
| Residents were provided with the appropriate support in order to meet their nutritional needs, in line with their choices, and recommendations by a speech and language therapist. Residents were supported to buy and prepare meals and snacks, and there was ample supply of food available in the centre.  |
| Judgment: Compliant   |
| <b>Regulation 26: Risk management procedures</b>  |
| Risks had been identified and assessed in the centre, and the measures outlined in risk management plans had been implemented. Actions were taken in response to adverse incidents in the centre and in response to changing healthcare needs of residents, to ensure their needs were met and they were kept safe.   |
| Judgment: Compliant   |
| <b>Regulation 27: Protection against infection</b>  |
| <p>The arrangements for protection against infection were not satisfactory, specifically related to the environmental hygiene, the use of PPE, and hygienic food storage. The provider was issued with an urgent action on the day following the inspection, and responded in writing outlining the actions they were taking to bring the centre into compliance.</p> <p>The needs of residents relating to the COVID-19 pandemic had been assessed and plans of care were in place to guide practice should a resident be suspected of COVID-19. There were sufficient stocks of PPE available in the centre, and visitors temperatures and symptoms were observed to be checked on arrival to the centre. Information was on display in the centre relating to the COVID-19 pandemic. A monthly COVID-19 audit was completed in the centre.</p> |
| Judgment: Not compliant   |

## Regulation 29: Medicines and pharmaceutical services

Safe and suitable practices were in place relating to medicine management. All staff had attended refresher training in medicine management, and staff competency assessments had been completed. Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. There were improved procedures in place regarding the use of PRN medicine, and on the procedure for withholding medicines.

Where medicines were reviewed and amended, this had been documented by a registered prescriber, and all medicine and administration records were complete in line with requirements. Medicines were securely stored in a locked press.

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with appropriate healthcare. Residents healthcare needs had been assessed by the relevant healthcare professional, in line with their identified and emerging needs. Residents had timely access to a range of healthcare professionals, for example, a general practitioner, a speech and language therapist, an occupational therapist and a physiotherapist. In addition, residents were supported to access general hospital services and attend outpatient appointments as scheduled. There was system in place for staff to seek clinical support if a resident became unwell. Residents were provided with accessible information on healthcare conditions, and were given opportunities to discuss these healthcare issues at residents' meetings.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to ensure residents were protected, and a safeguarding plan was implemented in response to a previously identified safeguarding risk. Staff were aware of these measures, as well as the actions to take in response to a safeguarding concern. Procedures were in place to ensure residents' finances were appropriately managed and protected. Staff had been provided with training in safeguarding.

Judgment: Compliant

## Regulation 9: Residents' rights

The rights of residents to participate in decisions about their care and support had improved since the last inspection, and residents were attending healthcare appointments. Residents were also supported to make choices about the places they would like to go, the activities they wished to do and about their meal preferences. Plans for the centre were also discussed at residents' meetings. Residents could access an external advocacy service, and information on this service was available for residents. Residents had their own bedrooms, and intimate care plans described the support residents needed to meet their personal care needs, while maintaining their privacy and dignity. Personal information pertaining to residents was observed to be securely stored.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 23: Governance and management             | Not compliant           |
| <b>Quality and safety</b>                            |                         |
| Regulation 17: Premises                              | Substantially compliant |
| Regulation 18: Food and nutrition                    | Compliant               |
| Regulation 26: Risk management procedures            | Compliant               |
| Regulation 27: Protection against infection          | Not compliant           |
| Regulation 29: Medicines and pharmaceutical services | Compliant               |
| Regulation 6: Health care                            | Compliant               |
| Regulation 8: Protection                             | Compliant               |
| Regulation 9: Residents' rights                      | Compliant               |



# Compliance Plan for Manderely Lodge OSV-0002445

Inspection ID: MON-0034327

Date of inspection: 11/04/2022

## 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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:<br/>To ensure compliance with Regulation 15:Staffing the following actions will be undertaken:</p> <ul style="list-style-type: none"> <li>• An immediate review of the roster was carried out on the day of the inspection to ensure that the skill mix working within the centre was appropriate to meet the needs of residents. This review also looked at the consistency of staff as a whole to ensure staff rostered on duty are regular and have the appropriate knowledge of the healthcare needs for residents.</li> <li>• A planned weekly review of the centre’s roster will be under taken each Thursday by the PIC and DON to ensure where a particular skill mix of staff is required for the week ahead, it will be obtained and put in place.</li> <li>• A review of this centre’s roster from a long term planning perspective will be undertaken and any change to existing arrangements will be notified and updated in the centre’s Statement of Purpose.</li> <li>• A review of the current staff induction plan for the centre has been undertaken to ensure that during emergency situations where staff are require to be replaced they have precise knowledge of residents’ healthcare needs.</li> <li>• All inductions undertaken for new/relocated staff will be recorded and available on site within the centre.</li> <li>• All inductions undertaken for new/relocated staff will be recorded and available on site within the centre.</li> <li>• To support the revised induction a revised profile has been developed for each resident within the centre.</li> <li>• There is an on call system currently in place within the centre to support staff with any emergency/unplanned situation that may arise outside of the hours of 9am to 5pm. A Social Care staff grade will be employed at the centre to support residents and existing staff grades from an appropriate skill mix perspective.</li> </ul> |               |

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| Regulation 23: Governance and management  | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure Compliance with Regulation 23: Governance and Management, the following Actions will be undertaken:</p> <ul style="list-style-type: none"> <li>• This Centre is currently under weekly monitoring with the General Mangers Office.</li> <li>• The Director of Nursing and The Person in Charge will continue to meet and review the Rosters on a weekly basis to ensure there is appropriate skill mix to meet the needs of the residents.</li> <li>• Additional training and supports have been scheduled for staff to ensure staff has the appropriate skills and in-depth knowledge of the residents care needs.</li> <li>• Training has been arranged with the Clinical Nurse Specialist in Respiratory to educate and support the staff in managing symptoms of Respiratory Disease.</li> <li>• A Social Care staff grade will be employed at the centre to support residents and existing staff grades from an appropriate skill mix perspective.</li> <li>• The Senior Management Team will complete both scheduled and unscheduled visits to the Centre on a continuous basis from a monitoring perspective.</li> <li>• The Person in Charge will review staff competencies in relation to training undertaken in line with resident’s healthcare needs on a continuous basis.</li> <li>• There is an on call system currently in place within the centre to support staff with any emergency/unplanned situation that may arise outside of the hours of 9am to 5pm.</li> <li>• The Person in Charge is currently undertaking a two day training course in Infection, Prevention and control self-assessment training. This will be completed on the 26-05-2022</li> </ul> |                         |
| Regulation 17: Premises   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure Compliance with Regulation 17: Premises, the following Actions will be undertaken:</p> <ul style="list-style-type: none"> <li>• The Person In Charge has replaced the two toilet seats on the 13-05-2022</li> <li>• The Person in Charge is sourcing additional storage for outside to store House hold items and PPE equipment.</li> </ul>   |                         |

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|---|---------------|
| Regulation 27: Protection against infection   | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• To ensure compliance with Regulation 27: Protection against Infection, the following actions will be undertaken:</li> <li>• Upon report on the day of inspection two hand washing sinks within the centre were immediately cleaned; and staff were re-instructed in relation to hygiene and washing as per Infection Prevention and Control guidance. Staff also re instructed in relation to the inappropriate placing of items in hand washing facilities.</li> <li>• Mixed water taps will be installed on two sink in line with Infection Prevention Control requirements by 12/05/22.</li> <li>• All cleaning schedules for the centre have been reviewed and amended to reflect all items which require cleaning/sanitising in line with Infection Prevention Control, with intervals of cleaning specified. Revised schedules have been implemented on the 12/04/22.</li> <li>• The storage of a number of food items have been reviewed and relocated to a newly identified area within the kitchen. This has been communicated to all staff.</li> <li>• All staff have been re-issued with the most up-to-date Public Health &amp; Infection Prevention &amp; Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza &amp; other Respiratory Infections in Residential Care Facilities document V1.3 17.02.2022 with specific attention drawn to mask wearing.</li> <li>• Implementation of infection control procedures by staff will be monitored daily by the PIC.</li> <li>• The Clinical Nurse Specialist in Infection prevention and control will visit Manderely lodge on the 25-05-2022</li> <li>• The Person in Charge is currently undertaking a two day training course in Infection, Prevention and control self-assessment training. This will be completed on the 26-05-2022</li> </ul> |               |

## 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, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.   | Not Compliant           | Red         | 30/07/2022               |
| Regulation 17(4) | The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall | Substantially Compliant | Yellow      | 13/05/2022               |

|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
|                     | be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.  |                         |        |            |
| Regulation 17(7)    | The registered provider shall make provision for the matters set out in Schedule 6.   | Substantially Compliant | Yellow | 22/07/2022 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.  | Not Compliant           | Orange | 30/07/2022 |
| Regulation 27       | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Not Compliant           | Red    | 26/05/2022 |