



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

Issued by the Chief Inspector

Name of designated centre:	Catherine McAuley House
Name of provider:	Congregation of Sisters of Mercy South Central Province
Address of centre:	Old Dominic Street, Limerick
Type of inspection:	Unannounced
Date of inspection:	15 September 2021
Centre ID:	OSV-0000413
Fieldwork ID:	MON-0034115

About the designated centre

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

Catherine McAuley House Nursing Home is approved to provide accommodation for up to 33 residents. We cater for residents of all dependencies, low, medium high and maximum and provide 24-hour Nursing care. Convalescence, respite and long-term care is provided by the home and the provision of quality person centred care is very much a shared belief here in our centre. We commit to enabling all residents to lead as full lives as possible in a caring respectful environment. All members of staff undergo regular and ongoing in-house training to ensure they are provided with the necessary skills to properly fulfil their duties, responsibilities, and roles. Catherine McAuley House is committed to providing superior quality facilities and services within a loving and caring environment where residents are encouraged and supported to realise their full potential. In order to provide optimum care for our residents it is vital that residents have their opinions voiced and heard. After discussion with our residents the following are statements which we feel should be included in our philosophy of care. Our philosophy of care is based on the concept of holism and the rights of the person.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 September 2021	09:00hrs to 17:30hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Overall, residents living in Catherine McAuley house told the inspector that this was a nice, safe and caring environment to live in and that they felt at home in the centre. Residents felt that they were well cared for by a team of staff under the supervision and guidance of a management team that was responsive to their needs.

This was an unannounced risk inspection carried out during the COVID-19 pandemic.

The inspector arrived at the centre and was guided through the centres infection, prevention and control procedures before progressing to an opening meeting with the person in charge. Following this meeting, the inspector completed a walk around the centre with the clinical nurse manager.

The inspector spoke with eight residents and a small number of visitors during the inspection. Residents were very complimentary of the service provided. One resident told the inspector that the staff were very kind to them and took great care in supporting and assisting them to continue to do the things they enjoy in life. Another residents complimented the facilities and the view of the garden from their bedroom window. Residents were positive in their feedback regarding the quality of the food and the prompt assistance from staff when needed.

The centre is comprised of two floors that is registered to provide accommodation to 33 residents in both multi-occupancy and single bedroom accommodation.

The premises was observed to be bright and spacious. Bedrooms were decorated to a good standard and residents were encouraged to personalise their private space which was evident to the inspector. Bedrooms contained many items of personal significance to residents such as ornaments and photographs that created a homely environment. There was one multi-occupancy bedroom occupied by one resident and this bedroom had adequate space and facilities and support the residents privacy. The building was warm and well ventilated and corridors were bright. There were pictures displayed on the walls and photographs of past activities that had taken place. The furnishings provided for residents to use were soft, comfortable, well maintained and easily cleaned. There was adequate seating available throughout the centre. Residents had unrestricted access to a beautiful secure garden that provided ample space for resident to walk around, sit and enjoy the water feature, flowers and plants.

The atmosphere in the centre was calm and relaxed throughout the inspection. Residents were observed freely moving around the centre and the gardens. Some residents were observed in the ground floor day room relaxing while other chose to sit in smaller seating areas on the corridor chatting to others about the headlines on the front page of the newspapers. Mass was provided on-site in the chapel and it

was also available through radio and television. Residents confirmed to the inspector that they knew the management and staff well and would not hesitate to bring a complaint or concern to a member of staff and were confident that the issue would be resolved promptly.

The inspector observed the residents dining experience and it was observed to be a social and unhurried occasion for residents. Staff were available to provide support and discrete assistance to residents if needed. Residents confirmed that they were offered a meal choice daily and where there was a requirement for a specific diet, this was also provided. There was access to snacks and drinks throughout the day and a small self service area available for use by visitors and residents in the activity area should they wish to make a cup of tea or snack.

Activities were provided seven days per week by an activities coordinator and healthcare staff. The activities schedule was displayed for residents to view and this was also copied on to large white boards. The inspector observed that the activities provided were person-centred and based on the resident's preferences and choice. Activities observed on the day included vocabulary exercises, music and aromatherapy. Residents were satisfied with the activities programme. Residents spoke of the recent garden party and also a cruise they attended on the river Shannon and Lough Derg in July.

The inspector observed visitors wearing personal protective equipment (PPE) in excess of what was required under national guidelines. This was brought to the attention of the person in charge who consulted with public health and confirmed post inspection that the requirement for visitors to wear gowns was discontinued.

The inspector spent time listening to resident, staff and visitors experience of the COVID-19 pandemic and the inspector acknowledged the challenging time they had experienced. Residents complimented the efforts of the staff and management team in keeping them safe. Residents detailed the various methods of maintaining contact such as window visits, phone and video calls. Residents were delighted to be able to receive visitors once again and described this as a return to a 'new normal'.

Residents were observed to be content and also had their individual style and appearance respected. The staff were available at all times to provide assistance and support to residents. Call bells were answered promptly by staff.

Overall, the inspector was satisfied that residents in Catherine McAuley house receive good quality health and social care from a team of staff that were committed to supporting resident to have a good quality of life.

The following sections of this report detail the centres capacity and management arrangements in the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced risk inspection by an inspector of social services to monitor the centres compliance with the regulations. There was an established governance and management structure that was accountable and responsible for the quality and safety of the service provided. There were clear lines of authority and accountability and the management team were committed to ongoing quality improvement in the service. Non-compliance's found on the day of inspection were, where possible, rectified immediately. However, improvements were required in the systems in place to ensure effective oversight and monitoring of the quality and safety of service provided. For example:

- The system of risk identification and mitigation required further development.
- The oversight of the cleaning procedures and the allocation of cleaning resources required further improvement.
- The annual review of the quality and safety of the service was not available for review.

The Congregation of Sisters of Mercy South Central Province is the registered provider of Catherine McAuley House. The management team consisted of the person in charge who was supported by the registered provider representative. The person in charge was responsible for overseeing the clinical care provided to residents in addition to carrying out administrative duties and was also supported by a clinical nurse manager who oversaw the provision of direct care and reported to the person in charge. Information requested during the inspection was made available in a timely manner and the person in charge was available throughout the inspection to discuss any issues or queries as they arose. Where non-compliance were identified, these were rectified, where possible, immediately.

Catherine McAuley House is registered to accommodate 33 residents in both single and multi-occupancy bedrooms. On the day of inspection, there were 32 residents accommodated in the centre with one resident receiving treatment in hospital. The management team had systems in place to assess and evaluate the quality of the service provided to residents. This included feedback from residents and their families, analysis of complaints and incidents and a comprehensive audit schedule that assessed various aspects such as clinical care, documentation, environmental hygiene and the quality of the training provided to staff. Issues arising from these audits were appropriately actioned and discussed at staff and board of management meetings. The records of these meetings were available for review and confirmed that appropriated actions and time lines were in place for issues requiring corrective action. The person in charge was committed to their own professional development and was scheduled to commence a post-graduate course of study in infection, prevention and control that had been approved by the board of management.

The team providing direct care to residents included a registered nurse on duty at all times who led a team of healthcare assistants and an activities coordinator. The provision of the service was also supported by catering, housekeeping and maintenance staff who were supervised by a catering and housekeeping manager.

Through the inspector's observations and a review of the staffing rosters, the inspector was satisfied that there was an appropriate number and skill mix of staff on duty at all times to meet the health and social care needs of the residents.

The inspector reviewed the training records that evidence all staff had completed mandatory training in fire safety, safeguarding of vulnerable adults, manual handling, dementia awareness and supporting residents with responsive behavior (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff detailed the procedure to take in the event of fire alarm activation. All staff had completed training specific to infection, prevention and control and transmission based precautions and staff described the protocol to initiate should a resident be suspected or confirmed with COVID-19. Staff detailed the location of the isolation area, the facilities available in this area that would reduce the risk of transmission and how two nurse led teams would be implemented. A review of the centres contingency plan is required to ensure the document reflects the level of detail provided to the inspector by staff. The inspector observed a number of gaps in the records for staff training in cardio-pulmonary resuscitation (CPR). This was brought to the attention of the person in charge who provided a risk assessment detailing that there would be a member of staff on duty competent to deliver CPR at all times. Assurance was provided that this training would be arranged for the remaining staff following the inspection.

Staff were appropriately supervised and staff records contained evidence of an induction process and annual appraisals of staff performance. Staffing records contained the information required by the regulation including a valid An Garda Síochána (police) vetting disclosure on file and the person in charge confirmed that all staff employed in the centre have a valid disclosure on file prior to commencing employment. The directory of residents was reviewed by the inspector and it was maintained in line with regulatory requirements. Information governance systems were in place and records on incidents, accidents and near misses were recorded. There was evidence of action taken following an adverse event and learning from incidents.

The person in charge was responsive to the receipt and resolution of complaints in the centre. The complaints procedure was available to each resident in their bedroom and contained information on how to raise a complaint, the personnel involved in the management of the complaint and the appeals process. Residents, staff and relatives were familiar with the complaints procedure. Residents had access to an advocate and their contact details were displayed in the centre.

Regulation 15: Staffing

There was an appropriate number and skill-mix of staff on duty to meet the needs of the residents.

Rosters evidenced that nursing staff were on duty at all times and were responsible

for supervising and coordinating the care provided to residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received mandatory training in fire safety, manual handling, safeguarding of vulnerable adults and infection, prevention and control. Staff had also attended training specific to dementia awareness and supporting residents who exhibit behaviours that challenge.

There were systems in place for the ongoing supervision of staff and there was an established induction process and annual performance appraisals for staff.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available for the inspector to review. The directory was found to contain all the information as required by the regulation.

Judgment: Compliant

Regulation 21: Records

Records were maintained in an orderly system and were accessible and securely stored. All required records were held in the designated centre and were available for review.

Judgment: Compliant

Regulation 23: Governance and management

The systems in place to ensure the service provided is safe, appropriate, consistent and effectively monitored required improvement.

The annual review of the quality and safety of the service for 2020 had not been

completed and was therefore not available for review.

While the centre maintained a risk register, this required further oversight to ensure that risks were updated to the register as they arose and were appropriate, closed when the risk was removed.

The inspector observed risks during the inspection that had not updated into the centres risk register. This included:

- The risk associated with cleaning chemicals not securely stored on housekeeping trolleys when unattended.

The allocation and supervision of staffing resources specific to housekeeping required review and improved oversight. For example,

- Two housekeeping staff were rostered until Midday, Monday to Friday. This was reduced to one housekeeper at the weekend which resulted in a reduced cleaning schedule. This required review in the context of the ongoing pandemic and to ensure there was sufficient resources available for housekeeping in the afternoon and weekends.

The centre had a COVID-19 contingency plan in place that was reviewed by the person in charge. The plan required updating to include the details, such as those discussed with staff, of the isolation area, the facilities in this area and the planned expansion of this area if needed. The inspector acknowledges receipt of the updated contingency plan following the inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit statutory notifications to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were managed in line with regulatory requirements and the centres policy and procedure. The inspector reviewed the complaints log and two complaints had been recorded and resolved in 2021. There was evidence that:

- an accountable person took responsibility for resolving the complaint and complaints concerns were acknowledged.

- the actions taken on foot of the complaint were documented
- the complainants satisfaction was recorded with the outcome of the complaint.
- There was evidence of learning from complaints and this was used to inform quality improvements in the service.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in the centre received a good standard of care and support that took account of their individual needs, preferences, autonomy and promoted their independence. The inspector observed good practice in relation to the quality and safety of the care provided to residents but observed areas that required further improvement and oversight. This included:

- Assessment and care plans
- Infection control
- Premises
- Fire precautions

Each resident had a comprehensive pre-admission assessment completed. Validated nursing assessments were used to identify aspects of each residents care where support and nursing intervention was required. Assessments includes risk of impaired skin integrity, falls risk, risk of malnutrition, dependency level and a social care assessments. Care plans were developed from assessment scores and provided guidance on each residents clinical and social care needs. Care plans were reviewed and updated at four month intervals but documentation did not consistently capture if this was completed in consultation with the residents. The person in charge had implemented a summary "care at a glance" care plan to accompany residents if they were required to attend hospital and also to support staff in understanding each residents individual needs and preferences. The inspector observed some gaps in the care plan documents that required updating to accurately reflect the good practice observed on the day of inspection.

Residents were provided with unrestricted access to allied healthcare professionals (AHP) and general practitioners (GP) visited the centre on request. Residents had access to physiotherapy, occupational therapy, dietitian services and speech and language therapy. Where residents were identified as nutritionally at risk, they were appropriately referred to their general practitioner for review followed by a referral to a dietitian and actions arising from these reviews were implemented. Residents were risk assessed for their suitability for bedrail use and a multi-disciplinary team approach to these risk assessments was implemented in consultation with the resident and, where possible, consent obtained.

Residents and staff had experienced a challenging time during the COVID-19 pandemic and residents' lives had been significantly impacted by restrictions. Seven staff had tested positive for COVID-19 during the pandemic and no residents had tested positive for COVID-19. The inspector observed that infection, prevention and control practices in the centre were informed by the Interim Public Health, Infection Prevention and Control Guidance and the centre's own policy. The management and staff had measures in place to minimise the risk of introducing the virus into the centre. This included:

- Temperature and symptom monitoring upon entering the centre.
- Twice daily symptom monitoring for residents and staff.
- Alcohol hand sanitizers were available throughout the centre.
- PPE was available for staff.
- Individual hoist slings for residents.

Notwithstanding the positive control measures in place, the inspector identified additional opportunities for improvement to support the staff efforts in maintaining a good standard of infection prevention and control and to further protect residents from the risk of infection. This is discussed further under Regulation 27: Infection Control. The inspector observed staff practice on the day of inspection and found staff adhered to national guidelines in relation to hand hygiene, maintaining social distancing where possible and in the use of PPE. The centre was found to be clean in areas occupied and used by residents. However, areas such as store rooms required further attention and monitoring with regards to the cleaning schedule.

Visits were facilitated in the centre and the person in charge had communicated with relatives to request that notice be provided in advance of a visit.

The centre had a risk management policy in place that was last reviewed by the person in charge in April 2020. The policy set out the specific risks as required by the regulations and the controls in place to mitigate such risk. As part of the risk management strategy, the person in charge maintained a risk register. Incidents and accidents were appropriately recorded and there were details of the actions taken and learning from adverse events.

A review of the fire register found that all precautions in respect of fire safety were adhered to. Daily checks of the fire panel and means of escape were completed. Quarterly and annual servicing certificates for maintenance of fire equipment were available for review. The inspector observed that some cross corridor fire doors required review as they did not close fully when released. The person in charge informed the inspector that a fire safety review of the fire doors was scheduled in the coming weeks. Staff had good knowledge of fire safety procedures in the centre and were clear on what action to take in the event of the fire alarm being activated. Each resident had a personal emergency evacuation plan in their care plan and also in their bedroom. However, the inspector found further opportunity for improvement with these records and this is detailed under regulation 28 Fire precautions.

Residents enjoyed a good quality of life in the centre and confirmed that staff treated them with dignity and respect. Through observation and conversation with

residents and staff, the inspector was satisfied that a culture existed in this centre that supported each residents, respected their choice and residents were treated with dignity and respect.

Regulation 11: Visits

Residents told the inspector that they could receive visitors in the centre once arranged in advance with the staff.

The person in charge confirmed that visiting times were not restricted and a booking system remained in place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had suitable storage arrangements in their bedrooms to securely store personal possessions. There was adequate wardrobe space for storing personal clothing.

Resident's personal clothing was laundered on-site and the laundry system had been improved following feedback from residents regarding the time taken for personal clothing to be returned from the laundry. Residents reported being satisfied with this service.

Judgment: Compliant

Regulation 17: Premises

The centre was found to contain adequate storage facilities but a review of the use of storage facilities in the centre was required. This was evidenced by:

- There was boxes of Personal Protective Equipment (PPE) and continence wear products stored on the floor in store rooms. This also compromised effective and thorough cleaning of the area.
- The sacristry / visitors room was repurposed for use as a store room.

The inspector observed further areas and opportunities for improvement with regards to the premises: For example,

- The sluice room on the first floor required a storage rack and drip tray as

some continence aids were observed to be inappropriately stored below the sink and on top of storage presses.

- Some commode covers were torn and mobility aids required cleaning.
- Copper pipes were exposed and corroded in parts and thus not amenable to effective cleaning in the sluice area.
- The housekeeping storeroom was cluttered. There were cups and cleaning documents laying around the room and some equipment such as cleaning buckets required cleaning after use.
- Areas not occupied by residents such as those mentioned above, and the laundry room, required improved focus in regards to cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered a choice at meal times and the menu was displayed on each table in the dining room and on a white board. Meals were wholesome and nutritious and residents with specific dietary requirements had a nutritional plan in place.

Residents had access to snacks and fluids throughout the day and residents confirmed to the inspector that they could request tea and snacks at anytime during the day.

Residents likes and dislikes regarding foods was communicated to the catering and care staff and there were systems in place to ensure changes residents dietary requirements were appropriately updated and implemented

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy in place that was reviewed in 2020. The policy set out the specific risks as required by the regulations and the controls in place to mitigate such risk.

Incidents and accidents were appropriately recorded and there were details of the actions taken and learning from adverse events.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed many good practices in relation to infection prevention and control in the centre. However, the inspector observed the following infection control risk areas:

- The centre had a colour coded mop and cloth cleaning system. However, the inspector observed that the correct procedure for cleaning was not implemented in line with the centres own procedure. This increased the risk of cross infection.
- The provision of hand hygiene sinks required review. There was considerable distance to travel from a bedroom to the nearest hand hygiene sink.

Judgment: Substantially compliant

Regulation 28: Fire precautions

All aspects of fire safety in the designated centre were not examined on this inspection. However, the following findings were identified by the inspector as requiring improvement to ensure residents' safety in the event of a fire in the centre.

- Simulated fire drills were completed but these drills did not progress to a full simulated compartment evacuation. Staff were knowledgeable regarding the theory of evacuation but had not had practice in completing a full compartment evacuation.
- Assurances were required regarding the number, size and location of compartments in the centre and the number of residents occupying each compartment.
- A floor plan of the premises that identified compartmentation was not displayed near the fire alarm panel.

This information was requested on the day of inspection and will be submitted to the Chief Inspector once available.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were required in the documentation to support the good practice observed by the inspector and to guide the care provided to residents: This was

evidenced by:

- A care plan was not in place to provide guidance on the changing needs of a resident regarding their personal care support needs.
- A care plan for diabetes care did not align with the practice in place. For example, the care plan and doctors note referred to twice daily checks of blood sugars while the records viewed evidenced weekly checks.

There were gaps in the documentation to evidence consultation with residents and, where appropriate, their relatives regarding changes to the resident care and support needs.

Judgment: Substantially compliant

Regulation 6: Health care

Resident were provided with unrestricted access to their General Practitioner (GP) and allied health care professionals (AHP) such as physiotherapy, occupational therapy, speech and language therapy and tissue viability nursing expertise.

Timely referrals to AHP was evident in the records reviewed. For example, residents identified nutritionally at risk were referred to their GP and the dietetic services, their weight was monitored and a plan of care implemented to monitor their progress.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to monitor restrictive practices to ensure that they were appropriate. While a number of resident had bedrails in place, the documentation in place evidenced that appropriate assessment and consultation with residents had occurred.

Resident files evidenced that where bedrails were in use a clinical assessment of need had been completed. In addition, alternative options had been trialled. The inspector found that staff spoken with were clear on the definition of restraint and were knowledgeable that restraint should only be used at a resident's request or following a clinical assessment of need.

Residents that were provided with additional support to manage their symptoms of dementia had a record was maintained to inform positive behaviour support plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in activities and were complimentary of the varied schedule of activities available to them in accordance with the interests and capacities. Residents felt engaged in their activities of daily living and felt included in how the service operated.

Residents were consulted about change, quality improvement and in general how they felt about specific aspects of the service. Residents described this service as unique in that they could express their opinions openly and their voice was listened to and their suggestions acted upon.

Resident could watch television in their bedroom or in the dayroom if they wished and could access radios and newspapers. Residents were kept informed about current affairs, local matters and were encouraged to maintain involvement with their community.

Residents were satisfied with the management team and felt safe under their care and support.

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 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Catherine McAuley House OSV-0000413

Inspection ID: MON-0034115

Date of inspection: 15/09/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Annual review of the quality and safety of our service for 2020 has been completed and is available for all residents, staff and visitors in the home.</p> <p>Risk assessments were completed in relation to the cleaning equipment and storage of chemicals, actions to reduce the risk have been completed.</p> <p>Cleaning hours have been reviewed and an increase of hours has been agreed with the Board of Management.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Boxes containing PPE and incontinence wear will be stored on a moveable platform whereby staff can safely transfer the items to enable more effective cleaning to be completed.</p> <p>Shelving will be added to some storerooms to reduce the need for the storage of boxes particularly after deliveries of PPE or incontinence wear.</p> <p>A stainless steel rack has been suitably installed in the first-floor sluice room and exposed corroded pipes will be attended to.</p> <p>Commodore covers that have torn covers have been decommissioned for use.</p>	

A Cleaning schedule for the cleaning store has been updated, staff are reminded not to store personal; items in this room.

Cleaning schedules currently comply with our cleaning policy.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

As mentioned, new cleaning equipment has been purchased to ensure the correct cleaning procedure is followed without exception. Cleaning staff are aware to report any additional requirements in relation to cleaning supplies and/or products without delay going forwards and a contingency stock is available should it be required .

The addition of hand hygiene sinks has been under consideration since early 2021 , we are presently in the planning process for further building upgrades to include these sinks. These will be placed in strategic locations to support appropriate and safe handwashing practices.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A simulated compartment evacuation took place on the 18th of September with the staff on duty that day.

The engineer for McAuley house is supporting management in meeting its responsibilities in relation to the 2021 fire regulations, He has conducted fire door checks and doors have been identified for remedial work, these are in the process of being attended to . The Engineer has also updated the maps in the house to include compartments and sub compartments and these are marked out clearly on the maps. These are provided with this action plan for the chief inspector to review.

A fire consultant attended to the house on the 18/10/21 to further support the nursing home in meeting the 2021 Fire regulations. A simulated compartment evacuation was also conducted on this date.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Greater emphasis will be placed in respect to the care planning process being conducted in consultation with the resident or their significant other.</p> <p>Increased surveillance of our care plans through care plan auditing will be conducted, more frequently and action will be followed up where appropriate</p>	

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	15/11/2021
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	15/11/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Substantially Compliant	Yellow	01/11/2021

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/11/2021
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	18/10/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	18/10/2021
Regulation 23(f)	The registered provider shall	Not Compliant	Orange	18/10/2021

	ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/10/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a	Substantially Compliant	Yellow	18/10/2021

	resident catch fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	18/10/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/12/2021