



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

Issued by the Chief Inspector

Name of designated centre:	St Catherine's Nursing Home
Name of provider:	Newcastle West Nursing Home Limited
Address of centre:	Bothar Buí, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	01 March 2021
Centre ID:	OSV-0000429
Fieldwork ID:	MON-0032142

About the designated centre

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

St Catherine's Nursing home is located in the town of Newcastle west, in Co Limerick. The building was previously a convent and has been in operation as a designated centre for over ten years. It is a two story building set in large grounds and in close proximity to all amenities in the town. Resident's private accommodation consists of 51 single bedrooms, two single bedroom apartments and seven twin bedrooms with en-suite facilities. Communal accommodation, such as dining and lounge facilities are located on both floors. There are three lifts allowing easy access between floors. There is an enclosed courtyard/garden area with seating for resident and relative use. The centre is registered to provide care to 73 residents. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring, convalescent and respite care. Care is provided by a team of nursing and care staff covering day and night shifts. The centre employs a full time physiotherapist and physical therapist. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

63

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
Monday 1 March 2021	08:50hrs to 17:00hrs	Ella Ferriter	Lead
Monday 1 March 2021	08:50hrs to 17:00hrs	Abin Joseph	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day and took place during the COVID-19 pandemic. It was evident from observations on the day and from what residents told the inspectors, that despite the restrictions imposed to keep residents safe during the COVID-19 pandemic, the residents had a good quality of life. They were provided with services as set out in the statement of purpose and and they were supported to maintain their independence.

On arrival to the centre inspectors were appropriately risk assessed for COVID-19 which included temperature monitoring, hand hygiene, signing in and application of personal protective equipment. The reception area of the centre was bright and nicely decorated. There was seating available, which looked out to the front of the building. Residents were seen sitting here on the day of inspection and told the inspectors they found it relaxing.

Following an opening meeting, the inspectors completed a walk around of the premises with the person in charge. Some residents were observed in their bedrooms having breakfast, others were asleep, and some were up and mobilising around the centre. The centre was a two story building, that could accommodate 73 residents. There were separate nurses stations, day rooms and dining room facilities available for residents on both ground floor and first floor. There was separate staff allocated to each floor, which would be in keeping with best practice and reducing the risk of cross contamination, when considering COVID-19. The centre was generally clean, well ventilated and bright, however, flooring and painting work in some areas of the building required attention. The centre's management team confirmed that they have a plan in place to address the work required in the centre. There was advisory signage throughout the centre to orientate residents and visitors around the centre.

Bedroom accommodation comprised of 63 single and five twin bedrooms. Some bedrooms were observed by inspectors to be personalised, with their own memorabilia. Inspectors spoke with many residents in their bedrooms on the day of inspection and feedback was positive regarding their accommodation and facilities. Residents were observed relaxing in comfortable chairs in their bedrooms listening to music, watching television and reading newspapers.

The ground floor can accommodate 31 residents. Communal areas comprised of two sitting rooms, a quiet room, a dining room and an oratory. The inspectors observed that the quiet room had been reallocated to staff, therefore, communal space on this floor was reduced for residents, especially when considering social distancing arrangements. The inspectors were informed that this was due to COVID-19 restrictions. The Inspectors reviewed the dining facilities for residents on the ground floor. They were informed that they were not used frequently since the pandemic, and the inspectors noted that seating was only available for eight residents. Therefore, many residents remained in their bedrooms for meals or were served

their meals in the sitting room. Bedrooms and facilities on the first floor were accessible through stairs and a lift. The first floor communal areas were larger and comprised of a large day room, dining room and a sun room. Residents had access to an enclosed courtyard as well as gardens to the front of the building.

The inspectors reviewed an area of the premises that had been recently registered to accommodate low to medium dependency residents. These bedrooms were situated at a considerable distance from the nurses station on the ground floor. The inspectors noted that an additional nurses station that had been agreed to be installed, as per the application, was operating as a store room. This was contrary to the centres conditions of registration and is further discussed in the quality and safety section of this report under regulation seventeen, premises.

The centre had remained free of COVID-19 and had not experienced an outbreak at the time of the inspection. The inspectors saw that there were hand sanitizers at the entrance to the centre, on the corridors and in the communal areas. A recently admitted resident was being cared for in their own single en-suite bedroom with enhanced infection prevention and control precautions. Rooms used for isolation had a clinical waste bin and a drawer unit stocked with PPE outside the door. This was in line with the Health Protection and Surveillance Centre guidance (Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities). Inspectors observed staff adhering to good hand hygiene throughout the day and they were all compliant in the wearing of face masks.

The Inspectors had opportunity to speak with a number of residents on the day of inspection. Overall feedback was very positive, particularly about the staff. Residents confirmed to inspectors that they felt safe in the centre. Residents stated they were happy to have received the COVID-19 vaccinations recently. One resident told the inspector that she was very proud of keeping COVID-19 out of their centre. Some residents praised the staff and commented that they were kind and caring. In general, the Inspectors observed staff engaging well with residents and respectful towards them throughout the day.

Residents looked comfortable, neatly dressed and well-groomed. Some residents told the inspectors how difficult the last year had been for them, due to the restrictions imposed by the COVID-19 pandemic. They stated that they missed their families and visitors coming to the centre. Some residents told inspectors that they missed going to the dining room for their meals and would like to go outdoors more often for walks. Some residents spoken with had frequently gone into the local town independently, prior to the pandemic, and they stated they missed having this freedom. One resident told the inspectors that reading books had kept her going during the pandemic, and she was delighted with the array of books available at the centre for her to choose from.

Photographs of activities that residents partook in were displayed throughout the centre. Although most of these photographs were from pre COVID-19 times, they reflected residents participating in various social activities such as birthday celebrations, baking, colouring, exercise sessions, music sessions, mass and

gardening. The inspectors met with the activities coordinator. It was apparent that they were enthusiastic regarding the role and they knew the residents very well. The inspectors observed and reviewed the activities programme for residents in St. Catherine's. On the day of the inspection residents were watching mass on television in the morning and making pancakes on the ground floor. After lunch there was a very lively game of bingo and sing song on the first floor. However, the inspectors noted that the allocated one activities coordinator working in the centre, was not sufficient to ensure that all residents were afforded an opportunity for social engagement. For example, after lunch there were no activities scheduled or available for residents on the ground floor. This is discussed further under Regulation 9. Residents had access to an in house physiotherapist and sports therapist. Inspectors observed residents being mobilised around the centre by these professionals on the day of inspection. There was the availability of a large physiotherapy room on the ground floor to facilitate rehabilitation, physiotherapy assessment and exercise programmes.

Inspectors observed that the meals were served to residents' in an unhurried manner and assistance provided where necessary. Residents were offered tea, coffee, fluids and snacks mid morning and afternoon. Residents were complimentary about the food they received in the centre.

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 the quality and safety of the service being delivered.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose, and improvements required from the previous inspection had generally been addressed and rectified. However, some improvements were required regarding the premises, infection prevention and control and social and recreational activities for residents.

The centre is operated by Newcastlewest Nursing Home Ltd, who is the registered provider. There are two directors of this company, and they are both actively involved in the day to day operations of the centre. There was evidence of a clearly defined management structure, which identified clear lines of authority and accountability. The centre was appropriately resourced to ensure the effective delivery of care, in line with the centres statement of purpose. The person in charge is a full time position working Monday to Friday and is on call some weekends. They are supported in their role by an assistant director of nursing, two clinical nurse managers and a team of nursing, care staff, housekeeping, catering and maintenance staff. The person in charge was very responsive to the inspection process and engaged proactively and positively throughout this inspection. Inspectors were

satisfied that the person in charge was effectively engaged in the governance, operational management and administration of the centre on a day-to-day basis.

The Inspectors acknowledged that residents and staff living and working in centre has been through a challenging time. At the time of the inspection they have been successful in keeping the centre COVID-19 free. Staff attended for serial testing on a fortnightly basis and the management team had established links with the public health team and HSE lead for their area. There was a COVID-19 emergency plan and a policy in place which the inspectors reviewed, which was comprehensive and included all relevant information. The management team had a clear list of the relevant persons to contact in any emergency situation. Social distancing was put in place throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff briefings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the HSE. However, the oversight of infection prevention and control in the centre required strengthening to ensure the safety of residents and staff.

The person in charge and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care, utilising key quality indicators, staff appraisals and provision of staff training. The inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the care needs of the residents. However, a review of staff allocated to social activities required review. Staff who spoke with the inspectors were deemed competent to perform their respective roles and said they were supported by management with ongoing training and supervision.

All staff were up to date with the mandatory training required by the regulations. Staff reported that they had good access to training and that they attended regular updates in infection prevention and control guidance. There was clear evidence of governance meetings and regular staff meetings. Staff communication methods such as meetings, emails and shift handovers ensured information on residents' changing needs was communicated effectively.

There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. There was evidence from staff files and from speaking to staff that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. The person in charge confirmed that all staff working in the centre had been Garda vetted prior to commencement of work in the centre. There was an effective complaints procedure in place and review of documentation assured the inspectors that complaints were investigated appropriately.

The registered provider had applied to vary a condition of registration of this centre in 2020, and increase occupancy. Additional bedrooms had been added to the premises. The decision to grant the additional bedrooms was based on the application made by the provider and supporting documentation submitted to Chief inspector. The inspector found that adaptations as agreed had not been made by the registered provider, namely the conversion of a maintenance room to a nurses

station. The inspector acknowledged that the provider responded promptly to address this and immediately converted this room to a nurses station in the days following this inspection.

Regulation 14: Persons in charge

The person in charge was full time and had the necessary experience and qualifications as required in the regulations. She facilitated the inspection in an open manner and demonstrated good knowledge regarding her role and responsibility. She was articulate regarding governance and management of the service and quality improvement initiatives required to enhance the service.

Judgment: Compliant

Regulation 15: Staffing

The centre had sufficient staff with an appropriate skill-mix on duty to meet the assessed care needs of the residents. However, there was not sufficient staff allocated to activities which is addressed under regulation 9.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that newly recruited staff had received an induction, with evidence of sign off on key aspects of care and procedures in the centre. Mandatory training was in place and up to date for staff and further training was scheduled. Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE had taken place for all staff working in the centre.

Judgment: Compliant

Regulation 21: Records

Records as requested during the inspection were made readily available to the inspectors. Records were well maintained in a neat and orderly manner and stored securely. A sample of five staff files viewed by the inspectors were assessed against the requirements of schedule 2 of the regulations. The requirements of Schedule

two were in place. Garda vetting was in place for all staff and the the person in charge assured the inspectors that nobody was recruited without satisfactory Garda vetting.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. There were systems in place to review the safety and quality of care and support to residents. An annual review of the quality and safety of care delivered to residents had taken place for 2020. Inspectors reviewed the documents and found they included consultation with residents and proposed quality improvement plans.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a comprehensive log of accidents and incidents that took place in the centre. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) had been reported in accordance with the requirements of the legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently near the main entrance and also upstairs Inspectors reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had the required suite of policies and procedures as set out in Schedule 5 of the regulations. These policies were available to guide staff in the provision of safe care. A number of policies had been updated to reflect changes relating to the current COVID-19 pandemic.

Judgment: Compliant

Quality and safety

The findings of this inspection show that overall, the residents accommodated in the designated centre enjoyed a good quality of life. Based on direct observation and conversations with staff and residents on the day, the inspectors were assured that the service promoted a person-centred approach to care, which focused on the preferences of the individual. Residents' rights and choices were respected and the residents reported that they felt safe in the centre. However, improvements were required in the availability of activities for residents, infection prevention and control and the premises.

Residents were assessed on admission using evidence based assessment tools and care plans were developed based on these assessments. Care plans were reviewed regularly and updated three monthly. A sample of end of life care plans were reviewed where residents' end-of-life care wishes and preferences were recorded. The records indicated that care was provided in a professional and dignified manner. There was evidence of regular consultation with residents' families and GP during end-of-life care to ensure optimum medical and psychosocial support.

Residents' health care needs were met through access to medical and nursing care and referrals to specialist services such as mental health services, palliative care and tissue viability. GP cover was predominantly provided remotely since the pandemic, however, the management team reported that reviews of residents in the centre were now taking place. Multidisciplinary health professional services were accessible and advice from these professionals was incorporated in residents' care plans. There were records of in-house review by Speech and language therapy (SALT) and dietitian. The centre employed a full time physiotherapist and a sports therapist, which ensured that residents mobility was consistently reviewed. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Nurses whom the inspectors spoke with were knowledgeable about the centre's medication policy including controlled drugs.

There was a reduction in the use of restraints since the previous inspection. Risk assessments and restraint registers were available in the centre in line with national policy. Residents exhibiting challenging behaviour had care plans which included

triggering factors and a management plan, with evidence of a multidisciplinary approach to care delivery. Daily quality data collection included anti psychotic medication use and restraint use. This data was analysed in the weekly clinical governance meeting.

Infection control guidelines were displayed throughout the centre to remind staff and residents of best practice guidelines. Isolation precautions and staff adhering to the correct use of personal protective equipments (PPE) were observed to be adhered to on the day of inspection. The records of weekly infection control meeting contained evidence of discussions about COVID-19 cases, preventive measures, and staff awareness. There was evidence of a recent audit and action plan on face mask use, PPE use, hand washing and deep cleaning conducted by the clinical nurse manger of the centre. There was a robust cleaning procedure in place and enhanced cleaning schedules in response to the COVID-19 pandemic. However, some improvements required regarding infection prevention and control practices within the centre, which is discussed under regulation 27.

As per national recommendations visiting to the centre was restricted. Window visits and compassionate visits were facilitated for families and friends in line with HSPC guidelines. The inspectors observed two visitors on the day of this inspection. Residents spoken with had information and awareness about COVID-19, visiting restrictions, social distancing and hand hygiene. Residents had opportunities to connect with their families and friends via virtual mediums such as video calling.

The role of activity coordinator was allocated to one member of staff, one of whom facilitated activities each day from Monday to Friday between 09:30hrs and 17:30hrs. The activity coordinators demonstrated a commitment and enthusiasm for their role. Observations of the inspectors indicated that many residents had limited access to activities and a review of staffing was required to ensure that the programme of activities was accessible to residents on both floors and that one-to one activities were facilitated for the significant number of residents that spent a lot of time in their bedrooms.

Regulation 11: Visits

The centre had an open visiting policy during pre COVID -19 times. However due to COVID-19 level 5 restrictions, window visits and compassionate visits were facilitated with family and friends. HSPC COVID-19 guidance information was displayed at the main entrance and throughout the centre to remind visitors about the visiting restrictions and IP&C protocols in place to protect people during the pandemic.

Judgment: Compliant

Regulation 13: End of life

Person in charge ensured that appropriate care and comfort, which addressed the physical, emotional, social, psychological and spiritual needs of the resident concerned was provided when a resident was approaching end of his or her life. There was evidence of regular consultation with residents' families and GPs during end-of-life care to ensure optimum medical and social support. Residents resuscitation status were recorded and signed by the GPs and care plans were reviewed periodically.

Judgment: Compliant

Regulation 17: Premises

Issues identified in relation to the premises included the following:

- The registered provider had not adapted the premises as agreed and as per the application to vary the registration of this centre in 2020. This referred to the conversion of a maintenance room to a nurses situation, to ensure adequate supervision arrangements for residents. This has been rectified since the completion of the inspection.
- Flooring in some areas were of the centre were torn, damaged and required repair or replacement.
- The paint works in some areas of the building needed attention as paint was peeling off walls.
- Monitoring of equipment required review, as a hoist was found to be decommissioned for use, however, was still being used to transfer residents. This was removed by management on the day of inspection.
- There was not adequate dining space for residents on the ground floor. This was due to the fact that one sitting room had been reallocated to staff and the dining room could only accommodate eight residents. A review of mealtimes in the context of accommodating all residents to eat in the dining room if they would prefer was required.

Judgment: Not compliant

Regulation 18: Food and nutrition

Inspectors observed staff serving residents food and fluids at regular intervals throughout the day. Meals served were pleasantly presented and residents had menu choices at mealtimes. The person in charge ensured that the menu met the dietary needs of a resident as prescribed by health care or dietetic staff, based on

nutritional assessment in accordance with the individual care plan of the resident concerned. There were adequate staff available to assist residents at meals and when other refreshments are served. All residents weights were checked on a monthly basis and weights were monitored weekly for the residents who are at high risk of malnutrition.

Judgment: Compliant

Regulation 27: Infection control

Issues identified relating to infection control included the following:

- The hand washing area in a sluice room was not accessible as clinical waste bins were stored in front of the sink.
- The clinical room on the ground floor did not have a hand washing facility for nursing staff.
- The flooring was damaged in a number of areas that hindered proper cleaning in line with IPC guidelines
- There was no system in place for identifying clean and dirty equipment and the processes for decontaminating equipment between each use required full review; for example the process of decontamination of hoists which were not all visibly clean.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had a suitable pharmacy service that met obligations to residents under relevant legislation or guidance issued by the Pharmaceutical Society of Ireland. There was a record of medication related interventions in respect of relevant resident. All the medicinal products dispensed or supplied to a resident were stored securely at the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were assessed using standard tools at the time of admission and then at periodic intervals. Person centred care plans were developed based on these assessments and reviewed at least four monthly or more frequently if required.

There was evidence of consultation and participation of residents, family, GP and multidisciplinary team during this process. Some old and blank sections of the documents required to be removed from the care plans to avoid confusions regarding plan of care.

Judgment: Compliant

Regulation 6: Health care

The centre had a full time physiotherapist and sports therapist available to serve the residents. There was evidence of consultation and participation of occupational therapist, speech and language therapist (SALT), dietitian, tissue viability nurse and community psychiatry service for residents who required specialist service. PIC and the registered provider representative (RPR) raised some difficulty with the timely availability of all GP services to the residents. PIC and RPR informed the inspectors that they are actively working on this matter.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence of consultation and participation with residents, GPs, families and other professional experts in the management of challenging behaviour. The resident records reviewed contained restraint assessment form, consent form and restraint release chart, in line with best practice.

Judgment: Compliant

Regulation 9: Residents' rights

A full time activity coordinator was available to provide activities for residents on a daily basis. However, the inspectors found that the programme required review as it was found that:

- There were not sufficient opportunities for all residents living in the centre to partake in activities. For example there were no activities for residents on the ground floor after lunch.
- Organised activities had been significantly reduced since the COVID-19 pandemic. The inspectors did not see evidence that organised activities were available every day. The group activity programme was recommenced on the

day of inspection.

- The activities coordinator was not replaced if on annual leave, therefore there were weeks when there were no activities for residents.

Judgment: Substantially 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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Catherine's Nursing Home OSV-0000429

Inspection ID: MON-0032142

Date of inspection: 01/03/2021

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As per the application to vary the registration of the centre in 2020, the maintenance room which was converted to a nurses station is now in use as a nurses station to ensure adequate supervision arrangements for residents. The damaged floor in the number of areas have been identified and a date to replace the flooring has been scheduled to ensure that cleaning is in line with IPC guidelines. The flooring will be replaced within the scheduled time. A timeframe for painting has been scheduled and the painting has been commenced. Maintenance will review equipment and ensure that any decommissioned equipment will be removed once it has been deemed unsafe. The dining space has been reviewed, a residents survey, in relation to where they wish to eat has been completed and the findings from this survey identified that there needs to be two sittings. The catering staff and all nurses and carers have been informed of the changes relating to the two sittings and these changes have been implemented.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The clinical waste bins were removed from in front of the sink in the sluice room and stored in the storeroom to ensure that the handwashing area is accessible. The clinical room on the ground floor is being reviewed to ensure that a handwash basin is available for staff. The damaged floor in the number of areas have been identified and a date to replace the flooring has been scheduled to ensure that cleaning is in line with IPC guidelines. A system has been put in place for identifying clean and dirty equipment and a process</p>	

for decontaminating equipment between each use has been developed and put in place. After use, the staff member who uses the equipment cleans the equipment and signs the attached cleaning schedule and this is reviewed by the CNM.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Board of Management are reviewing staffing hours for the activity co-ordinator with a view towards employing a second activity co-ordinator to ensure that residents on each floor receive activities throughout the day. Until then a plan has been made for activities for both floors for afternoon and evening. The activity co-ordinator updates the files on a daily basis. The activity co-ordinator advertises the daily activities on an activity board. The plan is that the activity co-ordinators will cover for each other during their annual leave.

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(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.	Not Compliant	Orange	30/09/2021
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	30/09/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	30/09/2021

	activities in accordance with their interests and capacities.			
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