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Asgard Lodge Nursing Home, OSV-0005187, 22 August 2018

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Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Asgard Lodge Nursing Home
Name of provider:	Asgard Lodge Nursing Home Limited
Address of centre:	Monument Lane, Kilbride, Arklow, Wicklow
Type of inspection:	Announced
Date of inspection:	22 August 2018
Centre ID:	OSV-0005187
Fieldwork ID:	MON-0024296

About the designated centre

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

Asgard Lodge is a purpose built, family run nursing home situated 2kms from Arklow town. It was opened in 1996 and further extended in 2008. The centre has capacity for 34 residents providing residential, respite and short stay convalescent care services to males and females over 18 years of age. The profile of residents was complex with a mix of residents requiring medium to maximum assistance to meet their needs. Accommodation is provided for residents in single and twin bedrooms across two floors.

Communal facilities include a living room, snug, lounge, atrium, dining room and a conservatory. The premises also contains a kitchen, nurses' station/offices, laundry, staff facilities and sluicing facilities. Externally there is sufficient car parking space, gardens including an enclosed veranda and courtyard.

The following information outlines some additional data on this centre.

Current registration end date:	18/11/2021
Number of residents on the date of inspection:	34

How we inspect

To prepare for this inspection the inspector or 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
22 August 2018	09:00hrs to 17:00hrs	Liz Foley	Lead
23 August 2018	09:00hrs to 14:00hrs	Liz Foley	Lead
22 August 2018	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Support
23 August 2018	09:00hrs to 14:00hrs	Catherine Rose Connolly Gargan	Support

Views of people who use the service

Inspectors spoke with a number of residents during the inspection, those residents that could not express their opinion were represented by a family member. Residents and representatives spoke about the compassionate and respectful care provided in the centre and of the friendly, inclusive and loving approach of all staff and management. Residents' spoken to said they had choice over how they spent their time and choice of meals and activities. Some residents stated that their well-being and quality of life were enhanced since they came to reside in the centre. Family members also stated they were very happy with the care provided and had peace of mind knowing their loved one was well looked after. Both residents and representatives felt that privacy and dignity were respected at all times.

Residents had access to religious services, TV, daily newspapers, radio and some residents enjoyed the group discussions and activities provided. Residents were particularly complimentary about the food, stating they always had a choice of meals and enjoyed the relaxed manner in which food was served. Snacks and drinks were readily available to residents and their visitors. Residents stated that they had freedom to choose when they got up and how they spent their day and were actively encouraged and supported to maintain community links with family and friends. Some residents said they preferred not to take part in the group activities and said that their wishes were always respected. Residents informed the inspectors that they felt that they were well supported by staff but also encouraged to be independent as much as possible. A number of residents said that they had been living in this centre for a while and were happy and well settled living there.

Two resident questionnaires were returned, both of which were complimentary.

Capacity and capability

This was an announced inspection following an application by the provider to renew registration of the centre. Progress with completion of the action plan from the last inspection in March 2018 was followed up and findings confirmed that four of the eight actions were satisfactorily completed. The incomplete actions were progressed but further improvements were necessary to ensure meaningful social engagement for all residents and completeness of care planning procedures for residents.

Overall, a good service was being provided to residents. The centre is family run and was both welcoming and homely. The center had a positive regulatory history and there were clearly defined management structures as set out in the statement

of purpose. While monitoring systems were in place, there was insufficient evidence that the systems in place to monitor the quality and safety of the service and the quality of life of residents informed continuous quality improvement. An annual review of the quality and safety of the service and quality of life for residents was completed for 2017.

There was a person in charge of the centre. The person in charge was supported by an assistant director of nursing and staff team to meet the needs of residents. The provider supported the person in charge and was actively engaged in the day to day running of the centre. The management team were committed to provide a good quality service. Residents, their relatives and staff who spoke with inspectors said that the person in charge and the providers were always available and put the residents at the centre of everything and were very supportive of families and of staff. Residents and families spoken with said they were kept up to date on all aspects concerning their care. The person in charge and the providers reviewed the service regarding management/operational issues however this was not done on a formal basis and there were no minutes available of governance/management meetings, action plans or progress made.

Following a review of staff rosters, residents' care records including dependency needs, and feedback from residents, inspectors were satisfied that while there were sufficient staff on duty to meet residents' assessed needs, improvements were required to ensure all residents' social engagement needs were met. A sample of staff files was reviewed and found to contain all of the documents required under schedule 2 of the regulations. The person in charge assured inspectors that Garda Vetting was in place for all staff including volunteers in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. There was evidence of a robust induction process and staff appraisals were completed.

Improvements were required which reflected on the overall governance of the centre, these included:

- ensuring the systems in place to monitor the quality and safety of care including the ongoing monitoring of key performance indicators informed both continuous quality improvement and the quality of life of the residents
- proactive management of fire safety and risk management as discussed under the quality and safety section of this report
- evidence of governance/management meetings to include action plans and progress
- completion of mandatory training and professional development training to meet the assessed needs of the residents

Registration Regulation 4: Application for registration or renewal of registration

All information as required under registration regulation 4 was submitted in full and in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience in the area of nursing older people and works full-time in the centre. During the inspection she demonstrated good knowledge of the regulations, the standards and her statutory responsibilities and displayed a commitment to providing a person-centered, high quality service.

There was evidence that the person in charge was engaged with continuous professional development. Throughout the inspection the person in charge was observed meeting with residents, visitors and staff. There were arrangements in place for the assistant director of nursing and clinical nurse managers to replace the person in charge for periods of leave including weekends.

Judgment: Compliant

Regulation 15: Staffing

Staff were observed discreetly supporting individual residents with various activities. Staff were observed sitting with residents in communal areas in an un-hurried manner. Staff had a very good knowledge of residents' health and support needs, as well as their likes and dislikes.

While there was a cohort of residents that enjoyed and were able to participate in the activities offered, another cohort were observed to experience long periods of inactivity. 19 of the 34 residents had dependency levels of severe to total, with just 12 hours per week allocated to activities. Considering the dependency levels of the residents' and the size and layout of the centre, the allocated time for activities needs to be reviewed in order to ensure each resident has an opportunity for meaningful social engagement.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records were viewed on inspection and the majority of staff were up to date on mandatory training with the exception of fire training; 85% of staff were trained in Fire safety in 2017. Fire training is booked for the 12th September 2018 to ensure 100% of staff are trained.

Staff had access to a range of professional development training to meet the needs of the residents. However in view of the high number of falls recorded in the centre, not all staff had received training in falls prevention and/or management. There was a training plan in place which was viewed on inspection.

Staff were appropriately supervised and there were policies and procedures in place to guide staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was viewed on inspection and found to contain all the information required by schedule 3(3).

Judgment: Compliant

Regulation 21: Records

Records required by schedules 2, 3 and 4 were available to and viewed by inspectors. Records were complete with the exception of evidence of fire drills as required by schedule 4 (10).

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors were satisfied that the service was sufficiently resourced and a clearly defined management structure was in place in line with the centre's statement of purpose. All staff were aware of their roles and responsibilities.

Management systems need to be improved to ensure the governance arrangements provide sufficient oversight of the service. While there was an annual review of the quality and safety of the service there was insufficient evidence that the quality and safety monitoring system informed continuous quality improvement. While the management team told inspectors they met regularly, this was not done on a formal

basis. Therefore there was no evidence of what areas of the service were reviewed or actions taken to improve the service.

The person in charge and the providers worked full time in the centre and were available to residents on a day to day basis.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a contract outlining the terms and conditions of their residency in the centre. The fees of their residency and any additional fees were clearly outlined. These contracts were signed by residents where possible or a family member/care representative as appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was not in compliance with schedule 1(4) of the regulations. The person in charge amended the statement of purpose before the inspection was completed.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer identified as enhancing the care of the residents in the centre. The volunteer policy was viewed. Roles and responsibilities were clearly set out in writing and Garda vetting was on the volunteer's file.

Judgment: Compliant

Regulation 31: Notification of incidents

It was noted on inspection that one NFO3 was not submitted. This was submitted as a late notification on the first day of inspection. Otherwise notifications were

compliant.
Judgment: Compliant
Regulation 32: Notification of absence
There was no absence of the person in charge that required notification.
Judgment: Compliant
Regulation 34: Complaints procedure
A record of all complaints logged was maintained and viewed by inspectors. Residents and visitors who spoke with inspectors, knew who to make a complaint to and were satisfied that all complaints were dealt with to their satisfaction.
Judgment: Compliant
Regulation 4: Written policies and procedures
Written policies and procedures required under schedule 5 were available in the centre and informed the care of the residents.
Judgment: Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre
There were no recorded absences greater than 28 days for the person in charge. Suitable arrangements were in place to cover any absence of the person in charge.
Judgment: Compliant
Quality and safety

Residents medical and nursing needs were met to a good standard and they were provided with timely access to general practitioner and allied health professional expertise to meet their needs. Staff practices observed and feedback from residents evidenced care that reflected residents' individual preferences and wishes with the exception of residents' activities needs which required improvement. Residents were safeguarded by effective procedures in the centre, stated they felt safe in the centre and their rights were respected.

Residents care documentation held information about their lives before moving to the centre and a health history. Many of the care plans reviewed by inspectors were of a good standard and clearly set out each resident's care needs.

However, improvements were necessary in some care plan documentation to ensure residents' health and social care needs were clearly described. While there were social care plans setting out the activities that interested residents before they came to the centre, the activities available to residents needing greater staff support required improvement to ensure they had sufficient access to activities to ensure their needs for meaningful engagement were met. Some residents told inspectors that the activities available did not meet their interests.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Staff were seen to know residents' needs well, and were responsive to changes in their health and well being such as infection, reduced intake of fluids and food, or changes in their mobility levels. Where residents were identified as being at risk of incidents or accidents, effective measures were put in place to mitigate these risks.

Any use of equipment that restricted residents free movement, for example, use of bed rails was informed by assessment of need and only when alternatives tried failed. Staff were clear about when restrictions could be used, and they carried out frequent checks to ensure residents' safety.

Residents' safety in the centre was generally met. Systems in place to ensure risk, especially risk to residents in the event of a fire in the centre or other hazards required improvement with proactive implementation of practices to identify and mitigate risks.

Residents' rights were seen to be respected in the centre. The design of the premises enabled residents to spend time in private and communal areas both in their own bedroom and in the communal areas of the centre. Residents' choice was promoted in most areas but some improvement was necessary. For example, access to the enclosed gardens required the assistance of staff to open secured doors to two enclosed garden areas and impacted on residents choice to access the outdoors at will. The provider and staff team sought and welcomed residents' feedback regarding the quality of the service provided. There was many examples of good consultation with residents and their families. Staff were observed checking with residents throughout the day about what they wanted to do, where they wanted to sit, what drinks or snacks they might like.

Regulation 10: Communication difficulties

Residents' communication needs were assessed and met.

Judgment: Compliant

Regulation 11: Visits

Residents' visitors were welcomed into the centre. Staff controlled access to the centre and a record of all visitors was recorded. Several alternative areas to residents' bedrooms were available for them to meet their visitors in private if they wished. Inspectors observed numerous visitors visiting residents throughout the days of inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported and facilitated to retain access to and control over their personal clothing and possessions. Residents' clothing was maintained and laundered in the centre to a high standard. The laundry facility reflected best practice procedures in linen segregation including separate entrance and exit doors. Residents had sufficient space to store their clothes and other possessions including a lockable storage facility for securing personal possessions. The provider confirmed that they were not a pension agent for collection of any residents social welfare pensions.

Judgment: Compliant

Regulation 13: End of life

Two residents were receiving end-of-life care at the time of the inspection. Community palliative care services were available to support residents and staff with symptom management. Residents' pain levels were assessed and a tool was available to ensure residents' pain was monitored and effectively managed. Residents had end-of-life care plan in place that informed their physical, psychological and spiritual care wishes and preferences regarding the location they wished to receive care. Some residents had advanced directives in place that detailed their wishes. Residents' end of life wishes were regularly reviewed in

consultation with them or their families on their behalf.

Single bedrooms were available for residents comfort and privacy during end-of-life. Arrangements were in place to facilitate residents' families to be with them when they were very ill.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises did not fully meet the needs of residents.

-The layout of some twin bedrooms was such that residents had difficulty accessing the sink.

-A communal bathroom and toilet was not accessible to residents.

-A call bed was not fitted in a quiet room known in the centre as 'The Snug'.

-There was insufficient appropriate storage for residents' equipment and bed linen on the first floor.

-Handrails were not in place on both sides of a ramp from one corridor floor level to a lower level and a ramp to the enclosed garden at the back of the centre. Handrails were located on one side only to an enclosed garden to the front of the centre.

A significant malodour was noted by inspectors in the environment outside the front of the centre. This was not evidence inside the centre. The provider advised inspectors that works were underway to address the origin of the malodour and were nearing completion.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' nutritional and hydration were assessed and met. Residents' weights were monitored on a weekly basis, Where required daily intake charts were also in place to monitor food and fluid intake.

Menus were displayed for residents' information and residents were familiarised with the menu by staff. Residents had a choice of hot meal at each mealtime including a grilled breakfast if they wished. A variety of breads and confectionery home baked on a daily basis were provided. Alternatives to the menu were available and refreshments were provided throughout the day. Residents on special diets were provided with the same menu choices prepared as recommended by the dietician or

speech and language therapy services. Mealtimes were supervised and there was sufficient staff available to assist residents as necessary.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was prepared and available to residents. It contained all information as required by the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There were no residents on temporary absence on the day of inspection. Arrangements were in place to record temporary absences and discharges as required.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy included the controls in place to mitigate the risks specified by regulation 26(1). However, not all risks were identified, assessed and had concomitant controls to mitigate the level of risk posed to residents' safety. For example, risks not identified included

- ramp in flooring on a circulating corridor used by residents
- ramps to enclosed external gardens
- the location of a fire hose on a wall in a corridor to an enclosed external garden
- arrangements for storage of residents' equipment on the first floor and under a stairs.

There was good evidence of measures taken including changes in practices, following investigation of serious incidents to residents, such as a fall resulting in an injury. The learning from review of serious incidents was not consistently recorded.

Judgment: Not compliant

Regulation 27: Infection control

Procedures and practices in the centre regarding infection prevention and control were maintained to a high standard. Although access to a sink was restricted in a twin bedroom, hand washing facilities were available in an en suite toilet and shower facility.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety management procedures were completed at required intervals to ensure all fire safety equipment was checked and in working order.

Inspectors observed that the area at the top of the stairs on the first floor was obstructed by storage of equipment, including a hoist and used linen collection trolley. This equipment was removed immediately by the provider, who advised that alternative appropriate storage arrangements would be put in place.

All residents had their needs individually assessed regarding the staffing resources and equipment they needed in the event of an evacuation of the centre. While there was some evidence of completion of simulated evacuation drills, this information did not give sufficient assurances that residents' evacuation needs could be met. Not all staff in the centre were given opportunities to participate in a simulated evacuation to ensure they were aware of the procedures to be followed in the event of a fire in the centre.

Although training was scheduled following the inspection, not all staff had attended up-to-date training in fire prevention and emergency procedures.

Inspectors observed that there was an unprotected linen storage cupboard on the ground floor and storage of potentially combustible materials in an unprotected cupboard under the main stairs.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist of their choice, or the pharmacy service

selected by the provider. The pharmacist was facilitated to meet their obligations. There were clear arrangements in place for the ordering, receipt, storage, administration and disposal of medicines, including medicines controlled under misuse of drugs legislation. Medicines were prescribed and administered in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed on admission and regularly thereafter. Care plans were developed and contained information that was person-centred and reflected residents' individual wishes and preferences regarding how they wanted their needs met.

Improvement in the detail of the information in some residents' care plans was necessary. For example,

- blood glucose monitoring frequency and maintenance procedures was not detailed in care plans for residents with diabetes.
- wound care plans and records did not clearly guide practice.
- activity care plans did not reflect provision of activities that met each residents' individual interests and capabilities.

There was a low incidence of residents developing pressure related skin injuries in the centre. Comprehensive procedures were in place to mitigate the risk of residents developing pressure ulcers. These procedures included clear measures to guide staff to ensure pressure relieving mattress pressures were maintained at recommended levels and frequent position changes for residents. The frequency of position changes for each resident with assessed risk of developing pressure related skin injury was clearly described in their care plans and consistently implemented in practice.

Residents and their families were consulted with regarding care plan development and review but some residents' care plans were not consistently updated to reflect changes in their care needs.

Judgment: Not compliant

Regulation 6: Health care

All residents had timely access to a general practitioner and allied health professionals as needed. Residents from the locality were facilitated to retain the services of the general practitioner they attended before their admission to the

centre. Residents were supported to attend out-patient appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff identified two residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff knew residents well and they described person-centred interventions they used to support individual residents and prevent behaviours from escalating. All incidents of responsive behaviours were recorded and effective interventions that suited each individual resident were detailed in their behaviour support care plans.

A restraint free environment was promoted with trials of alternatives to prevent restrictive equipment such as full-length bed rails. The provider was exploring the option of half-length bed rails to meet some residents' expressed wishes regarding additional security while they were in bed. Safety assessments to ensure residents' safety using bed rails and schedules were completed to minimise the length of time full-length bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training on prevention, detection and response to abuse. Staff who spoke with inspectors were knowledgeable about how to identify, report and respond to abuse. Staff confirmed that there were no barriers to raising issues of concern and were clear on their responsibility to report. Residents said they felt safe in the centre. All interactions between staff and residents, as observed by inspectors were respectful and kind.

Judgment: Compliant

Regulation 9: Residents' rights

A variety of activities were facilitated by different members of staff and by external providers. An activity schedule was displayed.

Provision of meaningful activities for residents required improvement. Residents' activity care plans did not assess and inform their activity needs. Inspectors

also observed that some residents who were less able to participate in activities did not have sufficient access to suitable activities to meet their individual interests and capabilities. For example, some residents spent long periods without any meaningful occupation. Some residents told inspectors they were not interested in the activities available or that activities were not provided to facilitate them to continue to pursue their past interests. Residents also told inspectors that they looked forward to their families visiting, many of whom visited daily or a number of times each day.

Records of the activities residents participated in or their level of engagement to assess their interest in each activity was not recorded. Although staff told inspectors that approximately 90% of residents had a diagnosis or symptoms of dementia, suitable sensory focused activities were not available. Staff were not trained to provide sensory activities that specifically suited residents with dementia.

Residents privacy and dignity needs were respected at all times. Residents were supported to engage in religious practices. Most residents were supported to exercise choice regarding how and where they spent their day. However, only one television was available in twin bedrooms which did not allow residents in these bedrooms choice regarding television viewing or listening. While staff assisted residents to access two enclosed outdoor areas, the doors to these areas were secured. This impacted on residents' independent choice to access these area at will and as able.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Asgard Lodge Nursing Home OSV-0005187

Inspection ID: MON-0024296

Date of inspection: 22 - 23/08/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have advertised for an activity coordinator and we will introduce therapeutic activities for residents as soon as we find a suitable candidate.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: We have 100% attendance of staff who have achieved fire training and have reached the required standard. We are registering staff with online prevention and management of falls programme. We have contacted a number of companies that provide falls prevention and management training to provide education on site. We will arrange training before 2 November. We will keep records of all staff training up to date on training matrix.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: In relation to addressing non-compliance regarding fire drills we have consulted a Fire Safety Officer who has provided staff education and supervised many fire drills. Fire drill training was hosted on 12 September and 19 th September. We simulated a fire at 2am where there is less staff on duty and we chose the upstairs compartment as it is the highest risk area in terms of evacuation. We will ensure to regularly simulate fire drills in order to ensure that staff are prepared in the event of a fire and will ensure that fire drills are simulated at random times and recorded. Fire contractor was satisfied with staff competency.	

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>Annual review 2018 will be reviewed and more detailed to ensure that we are assessing our performance against regulations and identifying areas for improvement. We have referred to HIQA Template to ensure our own framework for Annual review is compliant with requirements.</p> <p>We have introduced a 'Governance Meetings' folder and have been recording our management meetings regarding operations of our Home. This has proved beneficial in terms of structuring our meetings and action planning and validating progress.</p> <p>We review staffing, accidents/incidents, audits, complaints/concerns/comments, follow up on inspections, environmental and welfare improvements. Management meet on a daily basis to ensure safe operations and residents satisfaction, however, we formally meet and minute meetings every 2 weeks.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All twin rooms have access to en-suite facilities. Room 11 has a sink in the bedroom, which is going to be removed. Our plumber has been contacted regarding removing sink.</p> <ul style="list-style-type: none"> - We are considering our options in relation to enlarging the bathroom in order to comply with Regulations by 2021. We have spoken to building contractor on 19th September on site who will revert with a plan of action in due course. In the interim we have a bath lift in place to assist residents to have a bath if they so wish. - We have implemented a call bell for The Snug. - We have removed items from our linen press upstairs on the first floor and reconfigured our store room to store linen. - Refuge area upstairs is free from environmental hazards at all times. All staff are aware of this. - We have contacted a local contractor to install the appropriate handrails. We will have works complete by 26th October 2018. - We met with an Environmental sewage contractor on 4th September who advised change in procedures which have been implemented. A new pump was fitted on 7th September 2018 ensuring that the plant is working correctly. 	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ul style="list-style-type: none"> - We are in the process of reviewing risk management policy and risk matrix. We will have this updated by 18th October. We will ensure that all learning from any incidents is recorded and disseminated to staff. James is safety representative and has contacted a local company regarding formal safety training and we are awaiting a confirmation date. - We had contractor visit the nursing home on 19th September regarding ramps and 	

<p>he will have the necessary work completed by 26th October 2018.</p> <ul style="list-style-type: none"> - The plumber will remove fire hose reel and our Fire Officer has advised that three Co2 extinguishers will be installed in its place. - The items have been removed from storage upstairs and under the stairs. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have performed simulated evacuations under the supervision and guidance of a Fire Contractor on 12th and 19th September. Extinguisher training was conducted on both occasions also and all staff have received mandatory fire training. We confirm that all staff have completed safety evacuation procedures and we are satisfied that all staff are aware of procedures. All emergency exits are checked twice per day and checks are recorded. We have removed linen from under the stairs until such time as we can make it compliant with fire regulations. </p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All care plans have been reviewed and PIC and ADON will audit every week and maintain an up to date record of the audit to ensure that care plans are up to date. We hosted a Nurses meeting and addressed areas for improvement in care plans, with emphasis on the ongoing update to capture the residents changing needs. We have updated all diabetic and wound care plans. We are in the process of updating activity care plans in consultation with residents and families. We have advertised for an activity coordinator. </p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>We have advertised for an activity coordinator and we are assessing applications received. In the meantime, Oonagh is taking on the role as activities coordinator in the interim and is documenting resident's engagement in activities with existing activity providers.</p> <p>We have contacted <i>Imagination Gym</i> and we have booked in 2 staff members to attend training.</p> <p>We are risk assessing our courtyard area in order to fully secure outdoor space and allow residents independent access. It will be accessible to residents after necessary modifications have been carried out, which is due to be completed by 9th November.</p> <p>We have offered Residents in twin accommodation a second television in their room. We have also provided radio for personal use in each twin bedroom. Earphones are available to residents.</p> <p> </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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	19 October 18
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	2 November 2018
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.	Not Compliant	Orange	26 October 2018
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	Not Compliant	Orange	26 October 2018

	out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	19 September 18
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.	Not Compliant	Orange	26 October 18
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	18 October 18
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	18 October 18
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	18 October 18
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	22 August 18
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and	Not Compliant	Orange	19 September 18

	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 resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	19 September 18
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.	Not Compliant	Orange	19 September 18
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	19 October 18
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	Substantially Compliant	Yellow	19 October 18

	where appropriate that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	19 October 18
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	9 November 18
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	14 September 18