Cara Care Centre, OSV-0000735, 05 August 2020

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cara Care Centre
Name of provider:	Orbitview Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	05 August 2020
Centre ID:	OSV-0000735
Fieldwork ID:	MON-0029756

About the designated centre

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

Cara Care Centre is a five storey, purpose built nursing home. It is located in Northwood Park in Santry. It is located close to shops and amenities. There are 61 single en suite bedrooms and 21 double en suite bedrooms. There are facilities in place for social, recreational and religious activities, and there is a pleasant zen garden available for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	87

How we inspect

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 5 August 2020	10:00hrs to 19:00hrs	Margo O'Neill	Lead
Wednesday 5 August 2020	10:00hrs to 19:00hrs	Mary O'Donnell	Lead
Wednesday 5 August 2020	10:00hrs to 19:00hrs	Breeda Desmond	Support

What residents told us and what inspectors observed

The centre had an outbreak of COVID-19 in March which was ongoing at the time of the inspection. Although no residents had COVID-19 on the day of inspection, 26 residents who were present on the day, had previously tested positive for COVID-19. The normal routine and schedules of the centre had been disrupted by the restrictions in place due to the outbreak of COVID-19. This resulted in residents spending extended periods of time in their bedrooms. Day rooms were open but residents did not use them on the day. Due to social distancing arrangements, five residents on each floor used the dining room for their lunch and evening meals. Most of the residents spent their day in their bedrooms and some residents spent time sitting on the corridors which were wide enough to accommodate seats spaced to maintain a two metre social distance. Residents knew about safety measures and inspectors observed staff assisting residents with hand hygiene.

Inspectors saw that the majority of residents had all their meals delivered to their rooms. Overall residents were satisfied with the food on offer and the arrangements in place to ensure that meals were served hot. Inspectors saw that choice was offered and staff engaged socially with residents while providing assistance at lunch time.

Residents were satisfied with the laundry arrangements and they agreed that they had adequate storage space for their clothes and personal possessions. Inspectors noted that residents' clothes were ironed and hanging up or folded neatly in drawers. There was a laminated sign with residents' name and a picture at their bedroom door to assist way finding. Sixty six residents had a diagnosis of dementia and inspectors saw that there was a memory display box outside their bedrooms with items to depict the person's life journey and things they were interested in, such as make-up, a deck of cards, pets, pictures of race horses. Staff and families had supported residents to personalise their bedrooms with personal items, pictures, photographs, plants, soft toys and furnishings. Themed pictures along the corridors were chosen with care to support conversation with residents. Themes included Irish writers, GAA heros and 1916 leaders.

A number of residents told inspectors they appreciated the manner in which the management team and staff kept them informed during the COVID-19 outbreak. Residents recounted their experience of being swabbed and the relief of being told the test was negative. Residents who tested positive were reassured and they commended staff for the standard of care they provided when they were ill. They also appreciated efforts staff made to ensure that they stayed connected socially. Residents named staff who visited them in their rooms for a chat. Staff assisted residents to make video calls to their loved ones and window visits were facilitated when possible. Residents who sat along the corridor appeared to be engaged and watching what was going on around them. They chatted with staff and inspectors as

they passed.

Inspectors observed that staff knocked on bedrooms doors before entering and staff interaction with residents were kind and respectful. Inspectors observed staff chatting to residents about their personal interests and family members. Activities had been restricted and groups were smaller now. One resident said she was bored a lot of the time because she didn't like group activities but she was looking forward to meeting her family later that day. Inspectors saw an art group engaged in fabric painting. The residents were enjoying painting flowers onto tee shirts. Some residents were pleased that they could get their hair styled during lock down and others were looking forward to the hair dresser returning to the centre.

Capacity and capability

This was an unannounced risk inspection to monitor ongoing compliance in Cara Care Centre following three outbreaks of COVID-19 in the centre. During the first outbreak which started on the 28 March 2020, 35 residents had tested positive for COVID-19 in the centre, nine residents had sadly passed away, while all others had now recovered. Thirty eight staff members had tested positive for COVID-19, all staff had recovered and all but one staff member had returned to work. This first outbreak was declared over on 5 June 2020 by public health officials. The second outbreak occurred 8 June 2020. This involved one staff member and two residents who tested positive for COVID-19 during weekly serial testing, all had recovered. The third outbreak had occurred on the 17 July 2020 when four staff members tested positive for COVID-19 during the blanket serial testing in the centre. This outbreak was still ongoing at the time of the inspection and was continuing to have some impact on residents, staff and residents' families. On the day of the inspection there was no resident or staff member confirmed or suspected of having COVID-19.

Orbitview Limited company was the registered provider entity for Cara Care Centre. This company was part of the TLC nursing home group which consists of a total of five nursing homes in the Leinster region. Orbitview Limited had two company directors, who were both active in the governance and management of all five of the TLC nursing home group designated centres.

The person in charge had taken on the role during the first COVID-19 outbreak, having previously worked as an assistant director of nursing in the centre. She was present in the centre on a daily basis and was responsible for the day-to-day operations of the centre. She was supported in her role by an assistant director of nursing, four clinical nurse managers, administrators, senior nursing staff, carers, activity personnel, a physiotherapist, household, catering and maintenance staff. One assistant director of nursing position remained vacant at the time of the inspection.

The TLC group senior management team consisted of a director of clinical

services, a services manager, a human resources manager and a purchasing officer and chief executive officer; all of whom provided management support to the person in charge. A member of the senior clinical team was available at all times during the outbreaks and management provided on-call cover to ensure that support for staff was available should issues or any emergencies arise. At a group level, TLC group management had proactively planned and prepared prior to the COVID-19 outbreak to acquire a supply of personal protective equipment (PPE) and had actively recruited additional staff for all of the designated centres in the group to augment the relief staff panel as part of the contingency plan for COVID-19. Despite best efforts however, there was a five day period in late April when additional care staff were required and these staff were sourced through an external agency.

Before the recent COVID-19 outbreak, Cara Care Centre had a satisfactory regulatory and compliance history. On previous inspections when issues had been identified, the provider had the ability to make the necessary changes to improve the quality and safety of the service.

Inspectors followed up on actions from the last inspection in November 2018 and found that a number of these had not been addressed. This is discussed in further detail throughout the report. Four items of unsolicited information were received by the Chief Inspector since November 2018 relating to the centre. These concerns related to the following areas; restricted visiting and limited activities for residents, lack of adherence and implementation of Health Protection Surveillance Centre guidance regarding mandatory staff leave and inadequate care, support and dignity for residents with complex care needs. While acknowledging visiting and activities were impacted due to ongoing public health guidance, at the time of the inspection inspectors found that these concerns were unsubstantiated.

Findings on the day of inspection identified the following areas that required improvement:

- The more thorough analysis of accidents and incidents in the centre, including the COVID-19 outbreaks was required to inform ongoing safety and quality improvement
- Complaints management required review to ensure that all complaints received were recorded and responded to in line with requirements of the regulations and local policy.
- Oversight of staff training required improvement and supervision of staff to ensure adherence to infection control best practices
- On some occasions activity staff were called upon to cover when other staff were sick or on unplanned leave. Contingency staffing arrangements required strengthening to ensure that relief staff were available when required.

Regulation 14: Persons in charge

The person in charge had taken up post during the COVID-19 outbreak. She had the

relevant management qualification and experience and and held a post graduate gerontology qualification. She worked full time in the centre and she had a good knowledge of the regulatory requirements including her responsibilities as the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The person in charge, assistant director of nursing and one clinical nurse manager worked in the centre on a full time basis Monday to Friday. On a daily basis, five registered nurses were on duty and at a minimum 16 carers during the day to cover the five floors. One clinical nurse manager, four staff nurses and five carers worked at night. This was confirmed by duty rosters reviewed by inspectors.

The management team had an effective contingency plan to maintain safe staffing during the COVID-19 outbreak. Thirty eight staff had tested positive for COVID-19 since March. and with the exception of five days when agency health-care assistants were required, the management team managed to maintain safe staffing levels throughout the three COVID-19 outbreaks. The strategies adopted by the provider included the following:

- the centre's own staff worked additional hours and annual leave was deferred
- additional staff from the centre's established staff relief panel were utilised
- a supplementary hourly rate of pay incentive was also implemented during April 2020 for staff who worked additional hours
- staff with the necessary training and care skills, were redeployed from areas such as activities to assist with providing direct care to residents as required.

Throughout the outbreaks arrangements were in place to ensure that only dedicated staff were providing care to residents who were suspected of having COVID-19 symptoms and staff were allocated to work in a designated area to minimise risk of cross infection and to limit numbers of contacts. There was ongoing twice per shift monitoring of staff members to detect for signs and symptoms COVID-19 in accordance with the *Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*.

The person in charge confirmed that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012. Inspectors noted documentary evidence of these disclosures in the sample of staff files reviewed.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been facilitated to attend mandatory training such as fire safety, manual handling and safeguarding of vulnerable adults, and there was a training schedule in place for 2020. The majority of staff were up to date with mandatory training.

Some staff had completed online training modules in aspects of infection prevention and control such as hand hygiene, infection control, donning and doffing (taking on and off) of PPE and breaking the chain of infection. This was followed up by two on-site training sessions with a facilitator who had expertise in infection prevention and control. Inspectors noted however, that there were significant gaps in the training matrix examined, with many staff not having two or more of the four online modules completed. Inspectors observed that staff implemented good hand hygiene practices but some poor infection and control practices were observed as detailed in Regulation 27, Infection Control.

During the COVID-19 outbreaks, staff were informed of and provided with details for additional emotional and psychological support via the Health Service Executive (HSE) occupational services and for an employee assistance programme provided by an external company.

Judgment: Substantially compliant

Regulation 23: Governance and management

An established organisational structure with clear lines of accountability were in place both locally in the centre and at the nursing home group management level. The person in charge worked full time in the centre and was supported at group level by an experienced management team who provided operational and administrative expertise and by an assistant director of nursing. A second assistant director role had yet to be filled at the time of the inspection. This was discussed with members of the senior management team who advised that this would be reviewed.

The registered provider had ensured that appropriate resources such as PPE was sourced and safe staffing levels were maintained to ensure residents needs were met throughout the COVID- outbreak. Recruitment of additional staff had begun as part of the contingency preparedness plan, prior to the centre's first COVID-19 outbreak. The provider also engaged an external agency to provide care assistants for five days in late April to ensure delivery of safe care to residents.

Governance and management meetings were held monthly to review the service. The person in charge verbally informed inspectors that these meetings had continued during the COVID-19 outbreak in the centre however, only some records

of the minutes of these meetings were provided for inspectors to review. Records reviewed for the June 2020 management meeting had
a comprehensive agenda, some action points developed, and responsible persons were recorded. Although time frames for completion of actions were noted, these were vague, for example, records stated ongoing, monthly or quarterly for many time frames for completion.

Audits were carried out to monitor the quality of the service and inform continuous quality improvement. Inspectors examined a sample of audit reports and found the falls audit was an audit of falls documentation and did not fully inform quality improvement. The infection prevention and control audit template was not comprehensive. The management team had identified this and were devising a more robust audit tool, based on the Strategy for Control of Anti-microbial Resistance Ireland (SARI) guidelines. This was a much more comprehensive document which would enable robust oversight of infection control in the centre. Further audit of adherence to infection prevention and control best practices and procedures was also required as outlined under Regulation 27, Infection Control.

Post COVID-19 reviews had been conducted for the first and second outbreak with a view to inform learning and the future management and ongoing preparedness of the service to manage further COVID-19 outbreaks. However, the report seen was a time-line of events rather than an analysis and review of the outbreaks to identify any lessons learned and changes required going forward.

Inspectors followed up on actions from the last inspection and noted that many of these had not been fully addressed. For example there was ongoing lack of storage facilities and the conversion of designated bathrooms to storage rooms due for completion in Jan 2019 had not yet been completed. Team meetings on each floor to disseminate learning from analysis of accidents and incidents had not been held since January 2020.

A recent residents' feedback survey was carried in the centre and the person in charge was due to review and analyse the residents' and relatives' responses.

Judgment: Not compliant

Regulation 31: Notification of incidents

All notifiable incidents were brought to the attention of the Chief Inspector in a timely manner as set out by the requirements of the regulations and daily updates on the progress of outbreaks in the designated centre had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

A policy and procedure was available for residents or their representatives to make a complaint, however this had not yet been updated with the details of the new complaints officer.

Inspectors examined a sample of entries in the complaints log and found complaints received since October 2019 were not recorded in line with the regulations. The records after this time contained the engagement and correspondence with the relevant parties however details of the nature of the complaint, the outcome, actions resulting from any investigation carried out and how this was fed back to the complainant were not detailed.

Details of verbal concerns and conversations were recorded in residents' care plans under family or relative communication notes on the centre's IT system. This was not in line with the requirements of the regulations and furthermore these complaints could not be tracked on this system for provider oversight. A member of the management team confirmed that this had already been identified and that this would be reviewed with a view to implementing a new system for recording verbal and local complaints.

Most residents who inspectors spoke to said they had never had to make a complaint but said if issues did arise that would be happy to raise concerns with any of the staff.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available and had been reviewed in the past three years. In addition, comprehensive policies and procedures specifically related to COVID-19 had been introduced. Other policies which had been affected by the pandemic had been revised to account for changes in guidance, for example the procedures relating to visitors, staffing, admissions policy, end-of life care and risk management. Staff who spoke with inspectors were knowledgeable and were observed to appropriately implement the policies in practice.

Judgment: Compliant

Quality and safety

Overall there was a good standard of care and evidence based nursing provided to residents in Cara Care Centre. All residents were assessed for their individual needs and this information was used to inform person-centred care plans, however, social needs assessments and care plans had not been revised to reflect the effects of social isolation on individual residents during the COVID-19 outbreak.

There was good assess to General Practitioners (GP) who attended the centre on a daily basis during the outbreak and provided on-call cover and support to staff. Access to specialist medical services and other health and social care professionals were also available as required and recommendations were documented in care plans to inform staff when providing care to residents. Controlled drugs records required attention however, to ensure they were maintained in line with professional guidelines issued by An Bord Altranais agus Cnaimhseachais.

Residents had advanced care plans in place and had their end of life preferences and wishes noted to inform their end of life care. For residents who were at end of life during the outbreak families were facilitated to attend the centre for compassionate visits. From the care plans reviewed during the inspection, inspectors noted that staff had ensured that residents were not alone during their final journey.

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) had person-centred care plans and strategies in place to inform and direct staff when supporting these residents. From a review of restrictive practice care plans, inspectors identified that improvements could be made, for example, there was potential to further reduce the use of bed-rails in the centre by trialling less restrictive alternatives.

Visiting restrictions had eased considerably and visits were now being facilitated by appointment Monday to Sunday. Up to 15 visits could be facilitated daily in the centre.

Residents were positive regarding the laundering of their garments, however, the centre's system for labelling clothes required review to ensure that all clothes were returned to their correct owner in a timely fashion. Some bed linen and blankets were observed to be worn and stained, this required review.

Most residents reported positively about the choice and quality of food in the centre, however, inspectors raised concerns regarding the system for serving and supporting residents to drink and to effectively monitor residents at risk of weight loss. The provider was requested to review all residents to ensure that appropriate arrangements were in place to meet each resident's nutritional and hydration needs and arrange referrals for any residents who required review by dietitian services.

The centre was observed to be generally clean, however, inspectors were concerned with some aspects of the infection prevention and control processes and procedures in place. These are detailed further under regulation 27, Infection Control.

There were safeguarding procedures in place and staff had received training in safeguarding of vulnerable adults. Residents reported feeling safe in the centre.

Overall residents reported they were happy living in the centre and that staff were kind and respectful. Although levels of activities available for residents at the time of inspection had increased, inspectors raised concerns regarding records of activities and the intermittent redeployment of activity staff to other duties such as facilitating visits or health care duties.

There were records to demonstrate that ongoing monitoring and servicing of fire safety equipment. Fire drills were held regularly. However, improvement were required to ensure the the safe and timely evacuation of residents with minimum staffing levels in an emergency.

Regulation 11: Visits

There were adequate arrangements for residents to receive their visitors in private or within communal area, in line with *Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*.

All visits were pre-arranged with the management team for seven days each week. Visitors had their temperature checked and declared that they were symptom-free prior to entering the centre. There was a visitors' record to monitor the movement of persons in and out of the building to ensure the safety and security of the residents, and visits were restricted to a maximum period of 30 minutes.

Relatives who met the inspectors confirmed that they were always made feel welcome and were accepting of the current restrictions.

Residents and visitors described a range of opportunities that had been created during the COVID-19 outbreak in order to facilitate their relatives to communicate with them. This included technologies such as video calling and having a window visit either in communal viewing areas or outside their own bedroom windows.

The inspectors met with relatives who were visiting residents in the foyer and in the garden hut. Visitors confirmed that the facilities for visiting were suitable in the current climate. A visiting area in the car park was no longer used following feedback from visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were satisfied with the laundry service and they also had adequate space for their clothing and personal possessions. Each resident had a locked cupboard in their room. The system for labelling residents' clothing required improvement. A random sample of eight garments was examined and four garments did not have a label with the owner's name. Staff confirmed that mislaid items of laundry was an ongoing issue.

Judgment: Substantially compliant

Regulation 13: End of life

There were clear policies and procedures in place to guide staff when a resident's condition deteriorated and the resident was assessed as requiring end-of-life care. The resident's wishes and values informed their end of life care plan and nursing notes showed that these were implemented in practice.

Where decisions had been made to generate advance care directives, residents make informed choices and staff were knowledgeable about residents' preferences for care at end of life. The palliative care team in the local hospice were available to provide advice and guidance for residents as appropriate. Daily visits by the GP ensured that residents had timely access to medical treatments and medications to provide symptom relief and residents' medical needs were met at all times.

When discussing the COVID-19 outbreak, some staff became emotional and described how they grieved to see residents they knew and befriended become sick and die. Staff described compassionate approaches to care provided to residents at the end of life, and how they tried to support family members during this strange time, when families were not able to spend time with their loved ones in their final moments. Files of deceased residents showed that where relatives could not be present staff spent time with residents at end of life, holding their hand and being present. There was also documentary evidence that visiting at the end of life on compassionate grounds was facilitated when possible, in line with infection prevention and control guidance.

The provider supported staff to communicate with families during the COVID-19 outbreak. For example, the operational manager developed a sheet to guide staff when making phone calls to family members. Staff said this helped them to have difficult conversations with loved ones and impart bad news in a sensitive and compassionate manner.

Judgment: Compliant

Regulation 17: Premises

The premises was purpose built and the design and layout met the needs of the residents. The premises was well maintained and decorated in a warm and comfortable style. However, the hospitality aspect of the centre required some improvements:

- bed linen looked old and worn and needed to be replaced
- the burgundy blankets on some beds were worn and threadbare
- curtains in two bedrooms in the isolation area were not hanging properly because the hooks were not attached to the rail.

Inadequate storage space was an ongoing issue since the previous inspection in 2018. Inspectors found the sluice room on the ground floor was cluttered, as it was used for storage of various items for collection or recycling. On the previous inspection the hydrotherapy rooms were decommissioned and used to create additional storage space but the hydrotherapy baths had not yet been removed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Improvement was required to ensure that dietary needs of each resident is met in line with their nutritional assessments and care plans.

Menus were reviewed and approved by a dietitian. Residents were offered a choice of hot food at each meal. Residents spent prolonged periods in their rooms and the majority of residents took their meals there too. Inspectors observed that there were suitable arrangements in place to ensure that residents who required assistance were served a hot meal and provided with timely assistance at mealtimes. However, supervision and assistance for residents who needed minimal assistance required improvement to ensure they were provided with timely assistance to support them to take adequate quantities of food and drink at mealtimes.

The system for serving drinks and supporting residents to drink also required review. In the morning waitresses distributed drinks to residents and care assistants supported less able residents to drink. On one floor inspectors noted that two residents hot drinks went cold because there was no one available to assist them to drink. When their intake records were examined it was evident that additional drinks had not been offered to replace the drinks which went cold and one resident had fasted from 5pm until 9am. When inspectors examined weight records, they found two residents who were gradually loosing weight, had not been referred for a dietetic review.

The provider was requested to review all residents to ensure that appropriate arrangements were in place to meet each resident's nutritional and hydration needs and arrange referrals for any residents who required a dietetic assessment. This review was carried out with appropriate actions to provide necessary assurances.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The computer system generated a letter with relevant information if a resident was being transferred from the centre or being admitted to hospital. However, there was no back up copy generated and it was not possible to review the transfer letters for residents who were transferred to hospital. The person in charge discussed plans to print off and retain a hard copy of a transfer letter which would be retained in the resident's file.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and the risk register was reviewed every month to identify and assess risks in the designated centre. This included risk rating, escalation of risks and the mitigation of risks. A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering and visiting arrangements. The risk register had not been updated to reflect additional control measures put in place since June 2020 to mitigate the risks posed by new employees.

There was an effective system in place to ensure that maintenance issues were reported and promptly addressed. Contracts were in place to maintain equipment and servicing records showed that all essential equipment was serviced.

Inspectors followed up on actions from the last inspection in November 2018 and found that these had partially been completed. The investigation and learning from serious incidents or adverse events involving the residents now formed part of the risk management processes. Records included a serious incident review in respect of the COVID-19 outbreak.

Sharing learning from serious incidents was an issue on the previous inspection. The provider proposed to have weekly team meetings on each floor to disseminate

learning to all staff. These meetings had been held in January 2020 but had not continued due the COVID-19 outbreak, these meetings had not yet resumed.

The oversight of controls to mitigate clinical risks such as pressure ulcers required strengthening. Three residents were tracked and their pressure relieving mattresses were set too high to provide pressure relief.

Judgment: Substantially compliant

Regulation 27: Infection control

The director of clinical services, person in charge and heads of department liaised closely with Public Health, Health Service Executive and had frequent outbreak control meetings via teleconference. Serial weekly testing had just been completed for all staff and was now changing to serial testing once every two weeks for staff who had previously tested negative. The *Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance* was available in the centre. The infection prevention and control policy was updated in March 2020 and the COVID-19 policy and emergency plan was in place since April 2020.

Improvements were required to provide assurance that cleaning was carried out to an approved standard. Computerised environmental cleaning audits had recently commenced in the centre. There were cleaning processes in place which was documented on cleaning sign off sheets. Cleaning staff told inspectors they sanitised frequently touched surfaces 'All the time' but there were no corresponding records maintained and it was not clear who performed this duty when the cleaning staff finished in the afternoon. Cleaning was overseen by the cleaning supervisor or her deputy. Training records showed that household staff had attended training in the use of cleaning chemicals. While household staff were aware of the cleaning processes needed for terminal cleaning, refresher training was needed regarding the terminal cleaning of bedrooms and bathrooms. Inspectors inspected three rooms identified as having been deep cleaned and signed off by a supervisor. Two rooms had not been cleaned to an acceptable standard. The beds were made up and the blanket on one bed was stained. One of the en-suite bathrooms had a walking frame and a dusty wheelchair. Items such as a hairbrush, a nebuliser and a jug of water were found in two bedrooms.

Some staff had undertaken online HSELand training. On-site follow up to ensure that staff fully understood the training would consolidate the learning. There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. Staff were observed donning and doffing (putting on the taking off) PPE. However, there were some minor gaps in the knowledge about the use of PPE. Inspectors saw used staff visors stored inappropriately on three occasions. Hand hygiene practice and correct use of face

masks and aprons was observed on the day of inspection.

The centre was well-equipped with alcohol gel dispensers and information posters to assist and remind personnel to abide by social distance practices. There were safe laundry arrangements and waste management systems in place. Bed pan washers had recently been serviced. The layout of the centre ensured an optimal environment to cohort residents who required isolation facilities.

There was on-going monitoring of residents for signs of COVID-19 infection. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in residents' condition or baseline. Visitors to the centre were also checked for symptoms of infection before they could visit the centre. There was appropriate infection prevention and control signs on display around the centre. Staff supported safe communication between residents and visitors. There was ample signage to remind people to stay safe.

Hand sanitizers were placed strategically to ensure staff were accessing and using them regularly in line with current best practice guidance. There were systems in place to ensure staff minimise movements around the centre. Rosters showed that staff worked in one floor and did not transfer across to other parts in the building. Appropriate staff changing facilities were available on each floor which were clean and tidy. Inspectors noted that staff entered via a back staircase and took their breaks on the floor while maintaining social distance. There was a system in place for swabbing both residents and staff for COVID-19 infection, to align with national guidelines. The clinical nurse managers were trained to take swabs in the centre.

Staff temperatures were recorded twice during each shift and staff were aware of the local policy to report to their line manager if they became ill. Staff and visitors sanitised their shoes on entering and exiting the centre. There was a staff uniform policy requiring all staff to change their clothes when coming on and off shift. The oversight of staff adherence to the uniform policy required improvement. Two health care assistants told inspectors they changed their tunic but not their trousers at the beginning and end of each shift.

Other areas of concern relating to infection control were as follows:

- Hand sanitising stations did not function effectively:

-water pressure was high and the floor surrounding the sink area was wet when staff washed their hands

-glove dispensers were broken and repaired with cello tape

-there were no paper towels in the dispensers on the five floors

-a roll of paper towels and a box of disposable gloves were placed beside drinking cups on top of the water dispenser

-the 'clean' water dispenser which was placed next to the 'unclean area' of the

domestic pedal bin and the hand-wash sink.

- supervision and audit of cleaning practices required improvement
- a record of cleaning undertaken was not consistently documented
- overview of stock control needed review to ensure an ongoing supply of essential supplies such as paper towels
- follow-up for staff doing on-line training, to consolidate learning to ensure staff understood information and this learning was implemented appropriately
- there were no wipes at the nurses stations to sanitise frequently used objects such as, the touch screen, the mouse and keyboard. This had not been identified as a risk by the service.
- residents sharing hoist slings posed a risk of cross infection
- shelving in store rooms were too low to allow effective cleaning.

Although legionella test results were favourable, improved oversight of the legionella management system was required. Practice described by cleaning staff was not in line with the standard operating procedures.

Two sluice rooms were cluttered. Equipment such as basins and urinals was not appropriately stored. There was no signage at the hand-washing sink to guide staff and it was difficult to access the sink in the ground floor sluice room due to clutter. Items such as flower vases were inappropriately stored in the sluice room.

The provider had completed a review of the first and second outbreaks. The scope of the review was quite limited and it did not identify what worked well, lessons learned and the recommendations from the outbreak.

Judgment: Not compliant

Regulation 28: Fire precautions

Records were demonstrated of fire safety checks such as daily, weekly and monthly checks and these were comprehensively maintained. Fire servicing records were available and these were up-to-date.

Evacuations and fire drills were undertaken, however, evacuation of a compartment had not been completed to ensure the timely and safe evacuate residents with minimum staffing levels.

Following the inspection, the provider submitted a report of a fire drill which took place on 14 August. The drill simulated the evacuation of a compartment with six residents with night staffing levels. The drill report was comprehensive and included positive feedback as well as areas for improvement. The report identifies that some staff were not aware of the procedure when entering a room in the event of a fire. The evacuation time of just over six minutes did not provide assurance of the safe and timely evacuation of residents in an emergency.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medications and oxygen were securely maintained in secure clinical rooms. Medications were supplied in a pouch system with medications identified and dosages. Each resident had a current prescription and of the sample reviewed, photographic identification was in place and the allergic status recorded. Administration records were electronically maintained and staff spoken with were knowledgeable regarding its use.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was undertaken and a comprehensive assessment completed on admission, to inform each residents' care plan. Care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. There was evidence of ongoing discussion and consultation with residents and families in relation to care plans. Care plans were maintained under regular review and updated as required.

Care plans were revised if there was a change or a deterioration in a residents condition. However, assessments and care plans were not revised to reflect the effects of social isolation on individual residents during the COVID-19 outbreak. In their daily interactions staff were generally observed to be person-centred and knew residents' current health needs and their preferences as expressed in their care plans. Residents were monitored on an ongoing basis for signs and symptoms of COVID-19 and their vital signs and baseline measurements were recorded twice daily in line with the current guidance.

Any residents with confirmed or suspected COVID -19 infection were accommodated in an isolation area for 14 days and there were appropriate infection prevention and control signs on display around the centre to alert staff and visitors of high risk areas.

The action from the last inspection in 2018 related to Regulation 5, Individual assessment and care plan was found to be partially completed. This is discussed further under Regulation 7, Managing behaviour that is challenging.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and health and social care professionals care and support to meet their needs. Residents had good access to GP services and records showed that the GP was on site daily and reviewed residents and their medications regularly.

Records showed that residents continued to have access to medical treatment and appropriate expertise in line with their assessed needs, which included access to consultant geriatrician who reviewed residents on site during the COVID-19 outbreak. Psychiatry of later life and palliative services were available if required.

There was a physiotherapist on site from Monday to Friday throughout the COVID-19 outbreak. Speech and language therapy and dietetics services were accessed remotely. Podiatry services had resumed at the time of inspection.

Records were maintained electronically and GPs had their access code, so medical records were easily retrievable.

Controlled drugs records were reviewed and these required attention to ensure they were maintained in line with professional guidelines issued by An Bord Altranais agus Cnaimhseachais as follows:

1) when recording the stock count, the number of medications available was also written into the 'obtained' section, suggesting there were a lot more controlled drugs supplied than were actually available

2) when controlled drugs were supplied, a narrative was written rather than inputting the number received and adjusting the stock count

3) on occasion, when half a vial of medication was not used, this was kept and used later for the same resident.

These practices required addressing to mitigate the potential for errors, near miss or other medicines incidents.

Although residents had very good access to medical and health and social care professionals, the potential risk posed by the poor record keeping and management of controlled drugs warranted a judgement of non-compliance.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Over half the residents in the centre had a diagnosis of dementia and at the time of inspection some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

Inspectors followed up an action from the last inspection in 2018 regarding training for staff in the area of training in dementia care and management of responsive behaviours. The vast majority of staff had attended training in dementia and in their discussions with the inspectors they described person-centred interactions they employed to alleviate residents' fears during the outbreak. Inspectors observed staff using person centred interventions with residents who wandered. Distraction techniques used were in line with the residents' care plans.

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. The use of restraints remained stable in 2020. Records showed that where restraints were used these were implemented following robust risk assessments and alternatives were often trialled prior to use. From the sample of care plans reviewed, it was evident that there was scope to further reduce the use of bed-rails by trialling half length rails when a resident requested bed rails for security and ensuring that the use of bed-rails was reviewed regularly. In one case the use of bed-rails was last reviewed in July 2019. This was also highlighted during the last inspection in 2018.

Residents access through the front entrance was restricted and this was not referenced in the restraint register.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded and protected from abuse. All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff training records made available to inspectors confirmed all staff were facilitated to attend this mandatory training.

Residents who spoke to inspectors reported feeling safe in the centre and that they felt comfortable speaking to staff regarding issues of concern. Most staff interactions with residents as observed by inspectors were observed to be patient, respectful and kind.

The provider acted as a pension agent for 15 residents in the centre. Records reviewed by inspectors of accounts and arrangements in place were found to be clear and transparent. Balances checked were correct.

Judgment: Compliant

Regulation 9: Residents' rights

The atmosphere in the centre was relaxed and warm. Residents who spoke with the inspectors said they felt safe and that their rights, privacy and expressed wishes were respected by staff. Residents confirmed that they were supported to live a meaningful life within the limitations imposed by the current *Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*.

There were facilities in place for recreational activities across each floor and residents were observed throughout the day enjoying activities in small groups while also respecting social distancing requirements. In addition, for those residents with greater dependency needs there were one-to-one activities that took place in the resident's bedroom. The system for recording activities which individual residents engaged in, had changed from a paper based record to computerised records since the COVID-19 outbreak in March. Activity staff worked seven days but they told inspectors that it was not possible for them to review the computerised records and track what residents engaged in social activities with colleagues, while they were off duty. On the two weekends prior to this inspection activity staff confirmed that they had been redeployed to other duties such as facilitating visits or health care duties. Therefore inspectors were not assured that the social needs of residents were met on an ongoing basis.

Activity staff were enthusiastic and they facilitated a range of activities such as jewellery making, arts and crafts, pampering parties, music and one to one activities. Pet therapy and pottery making had ceased during the outbreak and residents were also restricted from accessing the garden areas since March 2020.

At the time of inspection, some residents were in their bedrooms reading the newspaper and watching television, while others were in the communal areas watching staff come and go, chatting to each other or engaging in group activities. One group were painting flowers onto white tee shirts. They had also made colourful skirts in preparation for a Hawaiian themed fashion show which they were planning.

The hairdresser had not been in the centre since April 2020 and some female residents told inspectors that they badly needed to have their hair styled. The person in charge confirmed that a care assistant with hairdressing experience had been given protected time to do hairdressing duties during the outbreak.

Residents said they understood the reasons for recent restrictions and some were seen wearing masks. Sanitising stations were set up outside the dining rooms to support residents at mealtimes. Residents and relatives all commended the staff for supporting them throughout the outbreak, and ensuring that they could now meet in person. The activity staff in particular supported residents to maintain

regular contact with their families. Window visits were organised and residents had access to internet services and video messaging to facilitate them to stay in contact with their families and keep up to date with family news.

Residents reported that their views were listened to and records of residents meetings showed that any issues or suggestions made by the residents were acted on. Residents expressed disappointment that they could no longer attend Mass in the centre. Staff organised for speakers to support residents to listen to Mass in groups or participate in communal prayers. Word puzzles and cross words were printed and given to residents to mitigate the risk of residents being bored whilst isolating in their rooms.

Given that the COVID-19 outbreak was ongoing at the the time of inspection. Inspectors acknowledged that staff were doing their utmost to support residents to lead normal lives and to respect their civil rights. A judgment of compliant was merited.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cara Care Centre OSV-0000735

Inspection ID: MON-0029756

Date of inspection: 05/08/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff members will have completed all 4 modules of the IP&C training by 31st October 2020	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All monthly governance meetings will be documented clearly with actions agreed, timeframes and lead person responsible commencing 22nd September 2020. An enhanced infection prevention and control audit will be in place by 30th September 2020 The outbreak report will be completed and reflective of lessons learned and recommendations will be completed by 15th October 2020 The conversion of the hydrotherapy rooms has been commenced and will be fully complete, providing additional storage by 31st October 2020 Monthly team meetings to ensure learning from complaints, falls, incidents and accidents will be held regularly from 30th September and minutes of these will be maintained and monitored by the governance meeting monthly, commencing 30th September 2020.	

Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints log has been reviewed and all complaints are now recorded both locally and centrally, providing a system by which the response, actions, learning and complainant's response can be tracked and monitored and staff are aware of issues arising as well as actions taken. (Complete)	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: PIC to review SOP for labeling laundry new and clothes in circulation for clinical staff by 30th September 2020. Any items missing / unlabeled are recorded on EPIC under complaint form (complete)	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A full audit of linen will be completed by 15th October 2020 to determine quality of same and to replenish if required.	
Regulation 18: Food and nutrition	Not Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition:	

• A monthly observational audit will be conducted monthly from September 2020 to ensure the residents are receiving adequate nutrition and hydration at mealtimes and snack time and that this is reflected accurately in documentation. • By 15th September, staff will receive training to ensure they are focused on care planning and weight monitoring to address the residents who are identified at risk post COVID • By 30th September, a repeat care plan review will be conducted to ensure quality of narrative is improved in respect of food and nutrition.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: All transfer letters will in future be copied and filed for future reference when a resident is transferred to hospital (complete)	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Monthly team meetings to ensure learning from complaints, falls, incidents and accidents will be held regularly from 30th September and minutes of these will be maintained and monitored by the governance meeting monthly, commencing 30th September 2020.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: An enhanced infection prevention and control audit will be in place by 30th September 2020 The outbreak report will be completed and reflective of lessons learned and recommendations will be completed by 15th October 2020	

The conversion of the hydrotherapy rooms has been commenced and will be fully complete, providing additional and appropriate storage by 31st October 2020

The PIC will conduct a review of the CNM's auditing process including infection prevention and control and uniform policy adherence to ensure that auditing is robust and outstanding actions are addressed by 31st October 2020

All staff members will have completed all 4 modules of the IP&C training by 31st October 2020

Housekeeping manager will conduct training for housekeeping staff on importance of adhering to cleaning schedules, signing for work completed, adhering to Legionella management process and will conduct an audit to oversee staff compliance by 31st October 2020.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire drills conducted to date have, in line with training, reflected the time taken to evacuate residents, with minimal staffing, two full compartments away from the "fire". As a result, the time recorded in drill reports has reflected a more significant evacuation. Monthly fire drills will be conducted with feedback to staff participating commencing 1st September 2020

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
An audit of care plans will be conducted by 31st October 2020 to ensure that all aspects of the impact of social isolation on residents is captured and that resident needs in this respect are identified and met.

Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: All staff nurses will be facilitated to attend refresher training on medication management by 30th September 2020	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: A review of all restrictive practices will be conducted by 30th September and this review will include the restraint register to ensure it is up to date and comprehensive. All staff will receive restrictive practice training by 31st December 2020 to ensure that they are aware of the importance of reviewing practices regularly	

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/09/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2020
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	Substantially Compliant	Yellow	31/10/2020

	in Schedule 6.			
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet 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.	Not Compliant	Orange	30/09/2020
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Orange	30/09/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	30/09/2020

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	07/09/2020
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.	Substantially Compliant	Yellow	30/09/2020
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	Substantially Compliant	Yellow	30/09/2020

	identified.			
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	30/09/2020
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.	Not Compliant	Orange	31/10/2020
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,	Not Compliant	Orange	01/09/2020

	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	01/09/2020
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Substantially Compliant	Yellow	14/09/2020
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints	Substantially Compliant	Yellow	30/09/2020

	procedure which includes an appeals procedure, and shall investigate all complaints promptly.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Orange	30/09/2020
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	30/09/2020
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any	Not Compliant	Orange	30/09/2020

	investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
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	09/09/2020
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	31/10/2020

Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	31/10/2020
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/12/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/09/2020