D'Alton Community Nursing Unit, OSV-0000643, 07 January 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:	D'Alton Community Nursing Unit
Name of provider:	D'Alton Community Nursing Unit
Address of centre:	Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	07 January 2020
Centre ID:	OSV-0000643
Fieldwork ID:	MON-0028004

About the designated centre

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

The D'Alton Community Nursing Unit is under the management of the Health Service Executive (HSE). It is a purpose-built single-storey building and can accommodate 29 residents. It is situated approximately one kilometre from the town of Claremorris, Co. Mayo. Nursing care and the services of a multidisciplinary team is provided to residents who require long stay care or periods of respite care. Residents who have increasing physical frailty, people living with dementia and others requiring assistance with mental health or palliative care needs are accommodated. Day care is provided two days per week and there is separate space and staff allocated to this service. Accommodation is provided in 19 single and five twin rooms. The centre provides a home like environment, is well-maintained and there is adequate dining and sitting room space available to meet the needs of residents accommodated. Outdoor space comprises of two courtyard gardens. The philosophy of care is to provide a safe and home like environment that enables residents to live their lives in a safe, secure and supportive environment, enabled by staff who promote their health, independence, individuality and choices.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

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
Tuesday 7 January 2020	10:00hrs to 17:30hrs	Geraldine Jolley	Lead

What residents told us and what inspectors observed

The inspector talked with eight residents during the inspection. Residents told the inspector that they were well cared for and described the staff team as caring and interested in their well being. They described aspects of the service that they valued and these included the positive attitudes of staff, the variety of food and the comfort of their bedrooms. Residents also said that their clothing was well cared for and that staff put away items neatly when they came back from the laundry.

Several residents said that staff helped them maintain their independence by encouraging them to walk around, to go out with family and friends and exercise choice about how they spent their time. Residents were actively encouraged to maintain their interests and the inspector saw that residents who liked to read certain newspapers and magazines were supplied with these and residents who liked knitting and crafts had plenty of materials they could use.

The inspector observed that staff supervised communal areas well and addressed residents' requests and queries promptly. There were interesting activities taking place throughout the day and many residents were observed to participate and enjoy the interactions.

Capacity and capability

There was a clear governance framework in place to ensure the delivery of quality care to residents and the safe operation of the service. This included a defined management structure and clear accountability arrangements. The provider representative and person participating in management met with the person in charge regularly and all areas related to the day-to-day running of the service were discussed. There were reporting systems in place to ensure that the provider was informed about varied aspects of the service that included critical events and concerns.

There was a high level of compliance achieved at the last inspection. Thirty regulations were reviewed and the majority were compliant with nine substantially compliant. The inspector found that a high standard of compliance was sustained during this inspection. There were damaged surfaces in some areas that compromised good infection control practice and care plan evaluations required attention as they did not convey an up to date overview of residents' health and well-being.

The person in charge was supported by an experienced clinical nurse manager and staff nurses. The clinical nurse manager had delegated duties for the supervision of

clinical care and the allocation of staff to their varied roles. She was well informed about residents health conditions and the social care provided and conveyed a comprehensive overview of the service to the inspector.

There were sufficient resources in place to ensure the delivery of a quality service to residents. The communal areas were supervised at all times. Residents said they had choices about when they got up and went to bed and there was always staff available to help them. A third carer had been deployed to night duty to ensure that there was adequate staff on duty to address an emergency situation.

There was an audit and quality management system was in place and the inspector saw that where deficits were identified a plan for improvement was put in place. There were annual reviews of the quality and safety of care delivered to residents completed. An annual report for 2018 had been completed. Consultation with residents was regular and meaningful. The views of residents were taken into account and included in how the service was planned. For example activities, menus and furnishings were altered to meet the changing needs and choices of residents.

Notifications of serious incidents were submitted to the office of the Chief Inspector in line with the regulatory responsibility of the provider and the person in charge. Incidents were reviewed and discussed at staff meetings and daily handovers. Any learning or prevention strategies required were put in place to prevent further incidents. The inspector found that the governance arrangements and oversight of the service ensured that the care and well being of residents was promoted and the service operated safely and effectively.

The recruitment process was in line with good practice standards for the recruitment of staff working with vulnerable people. Staff told the inspector they were supported to develop their skills and attended regular training to keep them up to date. In addition to the mandatory training on moving and handling, fire safety and adult protection staff had attended training on infection control and hand hygiene, dementia care, managing responsive behaviour and resusitation. All nurses had completed medicines management training in 2018 and 2019.

Regulation 14: Persons in charge

The person in charge is appropriately experienced and qualified in accordance with regulation 14. She was clear about her role and responsibilities as person in charge and displayed a strong commitment towards providing a person-centred, high-quality service to residents. She had maintained her professional development and regularly attended relevant education and training courses. Her mandatory training was up to date.

There were arrangements for the Clinical Nurse Manager (CNM) or the staff nurses to replace the person in charge during periods of absence.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate staff numbers in a good skill mix deployed to meet the needs of residents. Rosters showed that planned staffing levels reflected the actual staff arrangements. Shortfalls in some operational areas such as cleaning were addressed by the engagement of agency staff. This arrangement was in place since 2010 and consistent staff were supplied by the agency the inspector was told. A service level agreement between the agency and the HSE was in place.

Staff interviewed conveyed positive attitudes about their work and many said it was a privilege to work with older people and contribute to ensuring they had a good quality of life. Staff said a good team spirit was fostered and promoted in the centre and said that all staff worked together for the benefit of residents. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff had an excellent knowledge of residents' health and support needs, as well as their likes and dislikes. Staff demonstrated a good understanding of their roles and responsibilities and how they contributed to ensuring person-centred care was delivered to residents.

The person in charge was on duty daily and was supported by two nurses including one at clinical nurse manager level.

Judgment: Compliant

Regulation 16: Training and staff development

There was a schedule of training that was updated annually to include topics relevant to the business of the centre and care practice. The training record confirmed that staff were up to date with training on fire safety, moving and handling and safeguarding. Staff also confirmed they had training on hand hygiene, managing responsive behaviours, resuscitation, Children First and Trust in Care. All nurses had completed medicines management training during 2018 or 2019.

An action plan in the last report identified that some staff had not completed moving and handling training within the required time-frames and records confirmed that this had been addressed.

Judgment: Compliant

Regulation 21: Records

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and were stored securely. The required Garda Síochána (police) vetting disclosures were available for all staff.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there was evidence of good governance and ongoing monitoring of the service. There was a quality management and audit system in place. This included audits of clinical care matters, health and safety and hygiene practice. An action plan in the last report had been addressed.It was found that improvement plans did not have dates for action or review. The inspector saw that any shortfalls in good practice standards or areas of non-compliance with legislative requirements were identified and an improvement plan with a time line for completion put in place. The findings of audits were discussed at staff meetings and handovers and there was a shared responsibility for making improvements.

The provider representative and person participating in management had regular contact with the centre. There were regular visits undertaken to ensure they were familiar with the operation of the service. A record of the governance meetings were maintained.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents are issued with contracts that informed them about the service and fees to be charged. An action plan in the last report had been addressed. The room to be occupied was now identified in the contract.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been revised. An action plan in the last report

identified that all rooms and their function had not been included. This information was described in the most recent version of the document.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a comprehensive record of all accidents and incidents that took place in the centre.The required notifications had been supplied to the office of the Chief Inspector and where follow up information was required this had been supplied.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure and residents were familiar with how to make a complaint. They identified the person in charge or her deputy as the staff they would report a concern or complaint to and said they were confident that any member of staff would ensure their concerns were dealt with and resolved. A record of all complaints and their resolution was maintained.

The Health Service Executive procedure for managing complaints had been revised and the person in charge had been provided with training on the new process. Residents were informed about the changes at their regular residents' meetings. There were no complaints in receipt of attention when the inspection was completed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had ensured that all policies listed in schedule 5 were available in the centre. The inspector saw that these were readily accessible to staff when they needed to refer to them for guidance.

Judgment: Compliant

Quality and safety

Overall, the care and support provided to residents was found to be of a good standard. Residents spoke about the friendly and caring atmosphere in the centre. They told the inspector that they were well supported to live as independent a life as possible. Residents said their choices and wishes were actively sought and respected, and that they received very good care and support from all staff. The inspector found that the overall ethos in the centre was to provide a relaxed, home like and supportive environment for residents. The centre was located in a residential area a short drive from the town and was well connected to the local community. For example, residents were encouraged to go out with family and some activities were shared with people who attended the day care service which kept them in touch with friends and neighbours.

Residents outlined how they were consulted with and facilitated to participate in the organisation of the centre. For example, residents' care plan assessments included an evaluation of residents' social and emotional well being; including suitable activities assessments such as "A Key to Me". These assessments gave staff a good insight into residents' pastimes, likes, and dislikes, preferences and hobbies. Residents told the inspector that there was an excellent range of activities provided. Throughout the inspection, the inspector noted that there was plenty of activity in the large sitting room, and the discussion group, music and singing appeared to be particularly popular with residents.

There was evidence that care and support was provided to a good standard. The care records viewed contained adequate details to support staff in effectively managing residents' health and social care needs. There were detailed assessments and associated care plans which reflected residents' input. A sample of care plans was reviewed and the inspector was satisfied that the care plans reflected each resident's assessed needs and the care to be provided. While there was evidenced-based assessments and care plans in place the inspector found that the regular reviews and evaluations did not provide an up to date view of residents' health and well-being. For example where a specific problems such as wound care or swallowing problems were in receipt of attention the review did not indicate how the resident had responded to treatment or if the problems had resolved.

There was a choice of doctors attending the centre and doctors visitied the centre four days a week. Access to allied health professionals was not subject to delay. Residents told the inspector that physiotherapy sessions had been very beneficial and had helped them remain mobile and active. The arrangements meant that residents' care and support needs were appropriately met on an ongoing basis.

Residents were protected from abuse and harm, and residents the inspector spoke with confirmed that they felt safe in the centre. There were policies in place in relation to the prevention, detection, reporting and investigation of allegations or suspicions of abuse. Training was also provided to staff to ensure they had appropriate knowledge to help them prevent abuse and identify incidents of concern. Records confirmed that all staff had received training and staff who spoke with the inspector were knowledgeable about the indicators of abuse and the steps

to take in the event of an incident, suspicion or allegation of abuse.

The person in charge outlined how they were endeavouring to promote a restraint-free environment while also endeavouring to respect residents' expressed preferences. While bed rails were in use there were assessments and reviews completed to ensure that restraint was only used as a last resort and was monitored and reviewed regularly to ensure residents' safety.

The inspector noted that the design and layout of the centre was generally appropriate to meet the individual and collective needs of residents and was in keeping with the centre's statement of purpose. The centre was bright, well ventilated, appropriately furnished and appeared clean throughout. There were a number of features that enhanced the environment for people with dementia and made areas more accessible. For example hallways had different colours, toilets and bathrooms had handrails and wash hand-basins in contrasting colours to the background paintwork that ensured they were easily visible and information was in large font or conveyed in pictorial format. Overall the design and layout of resident's bedrooms ensured they had adequate space and comfort.

There was a number of communal rooms, a dining room and an oratory which were used for varied activities. There was a smoking area, nurses' stations, administrative offices, a suitably equipped kitchen, laundry and visitors' room. There was also a treatment and hairdressing room and accessible outdoor areas that could be accessed from varied points of the building. Residents said that they were very happy with their accommodation and some residents said that the centre was very comfortable and always warm.

Systems were in place to promote safety and effectively manage risk. There were policies and procedures in place in relation to health and safety, risk management, and emergency procedures. There was adequate means of escape and fire exits were unobstructed. Clear procedures for the safe evacuation of residents and staff in the event of fire was displayed in a number of areas. The fire safety measures had been enhanced in recent months by frequent fire drills and the addition of third member of staff on night duty.

Regulation 10: Communication difficulties

Communication was assessed as part of the initial comprehensive assessment. Care plans that outlined the communication needs of residents were completed. Documents that included the Residents' Guide was available in large font and information was easy to understand. There were pictorial menus displayed in the dining room every day. These initiatives helped to ensure that residents were well informed.

Judgment: Compliant

Regulation 11: Visits

Visitors were observed visiting residents throughout the day. Staff were seen to take time to talk with family members and visitors both when they visited and when they telephoned to enquire about their relative. Residents said that their visitors were always made welcome and that there were areas in the centre where they could see people privately if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge said that improvements had been made to how laundry was managed to reduce the risk of clothing going missing. Residents were advised at residents meetings to tell staff about new items of clothing and this was also brought to the attention of family members. Records of property and clothing were updated regularly.

All residents had double wardrobes and lockers with a locked drawer to store clothing and personal items. Personal clothing was laundered regularly on site. A labelling system was in place for residents' clothing.

Judgment: Compliant

Regulation 13: End of life

There were care plans that described the end of life care wishes of residents. Decisions about resusitation status were available in care records and were discussed with residents, family members and the medical team however some records viewed did not convey the range of discussion that had taken place and that the resident had been involved in the decision made. Support and advice was available from the local palliative care team. Staff were provided with training in end-of-life care.

There was a relatives' room where family members could spend time if they wished to remain in the centre when residents were ill or at end of life. This was equipped with comfortable furniture and facilities to make tea and coffee.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout of the premises is appropriate to meet the needs of residents accommodated. There are communal and private rooms, other than bedrooms that residents can use when they wish to be out of their bedrooms.

Bedroom accommodation met residents' needs for comfort and privacy. Bedrooms are single or double occupancy. The shared rooms had screens that enclosed beds to ensure adequate privacy standards.

Many residents had personalised their rooms with personal items that included photographs, ornaments and pictures. Bedrooms and bedlinen was in good condition.

There were adequate toilet, shower and bath facilities to meet the needs of the residents accommodated. There were four bath and shower facilities and an accessible bath was available in one area if residents choose to have a bath instead of a shower. Toilets were located near communal areas for residents convenience and comfort.

The dining room was attractively laid out and was used by residents at all meal times. It was however off a hallway and at times the inspector observed that privacy when residents were eating was compromised as people could walk through the area.

Fixtures and fittings were in generally good condition with the exception of tiles and shelving in a toilet/shower area near the sitting room where surfaces were damaged.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The nutritional status of residents was assessed regularly using a validated nutritional screening tool. Care plans for ensuring good nutrition were in place. These identified nutritional needs, likes and dislikes and how diet was to be modified or enhanced if needed.

The advice of allied health professionals such as dietitians and or speech and language therapists was followed by staff and catering staff were aware of all the specialist diets required by residents. Food preferences were observed and residents told the inspector that staff ensured they got the portion sizes and meals they requested.

Judgment: Compliant

Regulation 20: Information for residents

A Residents' Guide was available and was provided to all residents. This guide was found to meet the requirements of legislation.

Information of interest to residents was displayed on notice boards in the centre and was also discussed at the regular residents' meetings.

Judgment: Compliant

Regulation 26: Risk management

There was an up to date risk register in place and this was reviewed regularly. Actions were put in place to control risks where they were identified. For example enhanced staffing at night had been put in place in recent months to ensure there were adequate staff available to evacuate residents in an emergency. A health and safety statement was available.

Accidents and incidents were recorded and were reviewed by the person in charge. Good detail on incidents of responsive behaviour was recorded and appropriate and safe management plans were found to be in place. Falls were reviewed and preventative measures were put in place to prevent repeat falls.

Judgment: Compliant

Regulation 27: Infection control

The centre was visibly clean and staff conveyed good knowledge of the infection control procedures to be observed to prevent infection transfer. Training in hand hygiene was ongoing and all staff had completed this training. Regular infection control audits were carried out to ensure compliance with policies and good practice standards.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety arrangements were well organised and staff were well informed about the procedures to follow in a fire situation. Fire drills and risk assessments had identified that the night duty allocation of two staff would not be able to deal adequately with an emergency and a third carer was now deployed to night duty.

Equipment was checked regularly and there were contracts in place for the quarterly service of the fire alarm and the annual service of the emergency lighting and fire extinguishers. Fire exits and equipment were regularly checked by staff.

Fire drills had taken place monthly during the previous 12 months and a description of the fire drill, details of the participants and any issues identified were recorded. An action plan in the last report had been addressed. Five fire drills had been completed with the lowest number of staff on duty and fire drill records conveyed the location and scenario that had been enacted during the drill. Learning form fire drill exercises has resulted in additional equipment being provided. There were more evacuation sledges and wheelchairs provided and these were placed strategically in hallways so that they were readily accessible to staff.

Fire exit doors were readily visible and were not obstructed the inspector observed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessments and care plans reflected the person-centred ethos of the centre. Care plans reflected the assessments that had been undertaken and the interventions required to address health, social and day to day personal care needs.

There were reviews of care interventions however these were not consistently completed every four months. Many evaluations reviewed by the inspector did not convey if care initiatives had been successful and did not provide an overview of residents health and well being. For example how a wound care problem had responded to treatment was not clear from one record viewed. In another instance it was not evident from the record that a swallowing problem identified as a risk had been resolved. The contributions of residents and family members to care plans was recorded and documents such as " A Key to Me" were very informative and described residents' lifestyles, choices and social interests. This information was used to plan the activity programme.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a good medical care service and to allied health professionals. Residents were supported to attend appointments and consultations and the outcome and recommendations for care were recorded in the care files.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans were in place to guide and inform staff on the management of responsive behaviours (behavioural and psychological symptoms of dementia). The inspector saw that incidents of responsive behaviours were recorded and that good interventions that promoted residents' well being were employed to manage behaviour incidents. The community mental health team was accessible and reviewed residents when required.

Several staff had received training in responsive behaviour. The centre had good space and there was access to the outdoor secure gardens from several areas. This provided residents who displayed restless behaviours with areas where they could walk around safely and helped to reduce responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were measures in place to protect residents and keep them safe. Staff interviewed demonstrated an adequate understanding of safeguarding and how to prevent abuse.

All staff spoken with were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident and all confirmed they had training on this topic regularly.

A notification of a safeguarding incident had been supplied to the office of the Chief Inspector by the person in charge during 2019. This matter had been investigated, managed and reviewed appropriately in accordance with the centre's procedures and good practice standards.

Judgment: Compliant

Regulation 9: Residents' rights

There was a good range of social care activity provided daily. This was facilitated by care staff allocated to this role. Residents said they enjoyed group activities such as discussions, quizes, games and exercises. The programme was supplemented by visiting musicians and artists who facilitated varied sessions. Daily, regional and special interest newspapers and magazines were provided.

Residents had access to personal phones or the centre's phones. Residents were enabled to maintain links with the local community. Some residents went home for visits regularly and others attended special family occasions. There were trips out organised and these reflected residents' choices. residents had been to visit local areas of interest during the summer and had also visited places of special interest to them such a s places they lived and graveyards where relatives were buried.

Residents had access to an independent advocacy service.

There were residents' meetings held regularly and the proceedings were recorded. These meetings were used to consult with residents, hear their views and share information. Residents told the inspector they felt listened to and gave examples of changes that had been made as a result of their input. For example they said that they had requested more exercise activity and this was arranged. New cahirs were also being provided as they said they would like a better variety of seating.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for D'Alton Community Nursing Unit OSV-0000643

Inspection ID: MON-0028004

Date of inspection: 07/01/2020

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 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life: 1. At staff handover remind staff nurses of the requirement to document the communication that occurs between the resident, the family and the GP in making the decisions regarding resuscitation, and where the resident is not involved in the discussion document the reason why clearly in the End of Life care plan. 2. Conduct monthly audits of End of Life care plans to ensure compliance with the above and return to 3 monthly audits schedule once compliance is achieved. 3. Provide feedback to staff nurses regarding the audit findings and if required provide individual feedback to staff. 4. Allocate time to staff nurses for documentation updates. Complete by 1/04/2020	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Email sent to Maintenance Manager on the 23/1/2020 to replace shelving and tiles in both the toilet and the shower area, with request for the works to be completed by the 1/4/2020	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
At staff handover remind staff nurses regarding the consistency of completing 4 monthly reviews, which will include the outcomes of care activities and capture residents well being and health status.
2. Conduct monthly audits of care plans to ensure compliance with the above and return to 3 monthly audits schedule once compliance is achieved.
3. Provide feedback to staff nurses regarding the audit findings and if required provide individual feedback to staff.
4. Allocate time to staff nurses for documentation updates.

Complete by 1/04/2020

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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	01/04/2020
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 in Schedule 6.	Substantially Compliant	Yellow	01/04/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	01/04/2020

	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.			