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## Carrigoran House, OSV-0000445, 05 March 2020

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

## Issued by the Chief Inspector

Name of designated centre:	Carrigoran House
Name of provider:	Sisters of Charity of the Incarnate Word
Address of centre:	Carrigoran, Newmarket-on-Fergus, Clare
Type of inspection:	Announced
Date of inspection:	05 March 2020
Centre ID:	OSV-0000445
Fieldwork ID:	MON-0023146

## About the designated centre

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

Carrigoran House is a two storey purpose built facility located in Newmarket-on-Fergus, Co Clare. Established in 1974 the centre is owned and managed by The Sisters of Charity of the Incarnate Word. The ground and gardens surrounding the home provide opportunity for residents to relax and walk in a safe and secure environment. As per the Statement of Purpose the centre aims to provide a safe, secure and caring environment for persons requiring residential care in the catchment area. The centre is registered to accommodate 113 residents in single and double bedrooms. The centre is divided into four units. St Joseph's and St Oliver's unit are located on the first floor and St Theresa's and St Mary's are located on the ground floor. Each unit is staffed separately and has a nursing station, kitchenette, sitting room and dining space.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	107
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 5 March 2020	09:30hrs to 20:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Feedback both verbal on the day of inspection and through nineteen residents' questionnaires, was positive about the care received by residents. A common theme from conversations had and from the questionnaires was that there was not enough staff on duty attending to the direct provision of care. A small number of residents said that there can be a delay in having the bell answered. Residents were quick to add they had never made a complaint as they felt the staff were working as hard as they can. Residents had high praise for individual staff members. Residents told the inspector that they felt staff knew their individual needs, likes and dislikes.

Resident feedback on the activities held within the centre was complementary. The inspector observed a group activity and sing song session. The session was inclusive of all who attended. In addition, there was a member of staff present. One resident told the inspector that they found great comfort and reassurance in the way staff always include residents who had dementia in group activities.

On a tour of the centre the inspector noted one of the smaller sitting rooms in use where three residents were observed enjoying a meditation session. The atmosphere in the room was relaxing and welcoming.

The inspector observed that the centre was actively promoting a restrictive free environment. Residents who smoke have free access to the outside and a comfortable place to sit and enjoy their cigarette. In addition, there was also an indoor smoking room option for residents.

The centre had a system in place to identify residents who are at risk of falling. Residents wear a badge of a leaf on their clothing to alert staff that they may be at risk and extra supervision may be required to prevent a fall. The inspector spoke with three individual residents who are assessed as high risk. Two of the residents thought the wearing of the badge was a great idea and wore it everyday. They found the badge gave them a sense of security. The third resident spoken with had declined to wear the badge and this was respected.

Residents described how they spent their day and said they were encouraged to be independent. The inspector spoke with multiple individual residents in their own bedrooms. The bedrooms were personalised with items such as family photos, furniture brought in from home, books and belongings of personal value that were important to the resident. Residents spoken with were very happy with their bedroom size and confirmed that they were free to move items around to a layout that most suited their individual needs.

Residents were happy with the laundry service. A resident told the inspector that when they were first admitted to the centre they had requested to continue to look after their own laundry. The centre management had facilitated this wish and

ensured that the resident had access to a domestic size washing and dryer machine.

## Capacity and capability

This was an announced inspection to inform the registration renewal of the centre. The inspector found the management team work cohesively as a team. Management meetings were held to discuss all operational matters and clinical issues. Statistical information gathered was used to inform the management plan. The inspector found that the management team had systems in place to ensure that they have oversight and governance to oversee the quality of care received by residents. A comprehensive auditing schedule was in place. Where improvements were identified as required, action plans and changes are communicated to staff.

The last inspection of the centre completed in August 2019 identified seven regulations that were either substantially compliant or not compliant. The inspector followed up on all actions that the registered provider representative (RPR) had committed to complete. The centre management had made good progress in all non compliance's found except in regulation 17 premises and regulation 9 residents rights. The non compliance identified were specifically relating to the availability of shower and bath facilities for residents. The number of showers available impacted directly on residents privacy. This situation has not changed and so the centre remains non compliant with regulation 17 and regulation 9. The inspector acknowledges that the management team have made progress to secure the funding and submit planning to install the extra showers required had been completed. The compliance plan response will address the expected completion dates.

The inspector spoke with multiple staff in all departments and at different grades. Overall, the staff spoken with on the day of inspection reported that they were supported by the management team. Staff informed the inspector that they would not hesitate to bring any issue concerning a resident to the attention of the person in charge and had full confidence in management to take action if required. Staff echoed what the residents told the inspector in relation to the availability of staff who deliver the direct care. Staff told the inspector that due to the workload they were under constant pressure to complete all of their work on time. When asked how this impacted on residents staff stated that the work was task driven. Staff reported that they had limited time to socially engage with residents.

Training records evidence full compliance with mandatory training required by the regulations. Additional training was also provided in multiple areas including dementia care. This enhances the quality and safety of care for residents.

## Regulation 15: Staffing

There were 107 residents accommodated in the centre on the day of inspection. Of these, 43 residents were assessed as having maximum dependency needs, 29 high dependency, 19 medium dependency, ten had low dependency needs and six residents were independent.

There is a registered nurse on duty 24 hours a day on all four units. The healthcare staffing compliment varies at different times of the day. The inspector was given a breakdown of the direct care hours per resident per day delivered to residents. The dementia care unit direct care hours was 4.24 hours per resident per day. This unit only admits residents who are independently mobile. The staff spoken with on the dementia unit stated that they had enough staff on duty.

The direct care hours for the remaining three units was calculated at 2.73 per resident per day. The inspector spoke with staff individually and in small groups and judged that a review is required. The negative impact that the staffing levels had on residents was evidenced by;

- The feedback on the resident/relative questionnaires
- The feedback from residents on the day.
- The resident meetings evidenced dissatisfaction on the availability of staff. For example: at mealtimes.
- The staff allocation sheets shown to the inspector on the day of the inspection. For example; one staff member told the inspector that they had assisted fourteen residents with care between 08:00 am and 11:00 am. Staff informed the inspector that this meant that the work is task orientated and not always person centered.
- On one unit there were 23 residents that were assessed as having high and maximum dependency needs. There were four staff delivering the care. Staff told the inspector that as a result of the workload they do not have time for social engagement with residents.
- Staff are taken from the floor in the afternoons when training is delivered. Staff are not replaced to ensure the continuity of care. The inspector was told that in one unit this meant that two residents are returned to bed prior to the staff attending the training. This decision is therefore based on staffing as opposed to resident choice.

The staffing numbers were discussed at the feedback meeting and the management team committed to review the staffing allocations. This will be addressed within the compliance plan response.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff had access to appropriate training and records reviewed evidenced that all staff had received training in safeguarding and safety, manual handling and fire safety. The inspector found that training in other areas such as infection control, restrictive practices, cardio pulmonary resuscitation (CPR) and medication management was also in place. Staff were supported and facilitated to attend training.

Staff were appropriately supervised. The management team had completed staff appraisals. Each staff member completed a self assessment of their own performance and support requirements. The documentation in place evidenced that performance was monitored and that areas for improvement and development were discussed. All new staff had completed an induction programme.

Judgment: Compliant

## Regulation 21: Records

Following the last inspection the RPR had ensured that a complete review of staff files was completed. The inspector reviewed a sample of staff files and found full compliance with Schedule 2 regulation requirements.

Judgment: Compliant

## Regulation 22: Insurance

There was confirmation that valid insurance was in place.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The systems in place to ensure that the service is appropriate and consistently monitored were reviewed. Overall, findings were positive. The 2019 annual review of the quality and safety of care had been completed. The annual review given to the inspector on the day of inspection was not populated with detail and was a list of comments with a tick box beside each

question. In addition, further development is required to ensure that the annual review is completed in consultation with residents and their families.

The non compliance with sufficient resources to ensure the effective delivery of care is actioned under regulation 15 Staffing.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The Statement of Purpose dated February 2020 contained all of the information set out in Schedule 1 requirements of the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

The roles and responsibilities of volunteers was set out in writing. A Garda Síochána vetting disclosure was in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector as set out in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The procedure for making a complaint was prominently displayed in the main entrance. The person in charge maintained a complaints log which detailed the subject of the complaint, investigation and all communication made with the complainant. An appeal process was available. There were no complaints logged for 2020.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Evidenced-based policies and procedures were available to staff to inform all aspects of care and service provision. The person in charged had reviewed the Schedule 5 policies to ensure that they were centre-specific.

Judgment: Compliant

#### Quality and safety

The inspector found that the residential centre was providing a good standard of care, support and quality of life for residents. The person in charge worked full time and was supported by an assistant director of nursing and three clinical nurse managers. The inspector found that the clinical nurse management team held responsibility and accountability for the delivery of clinical care. There was a care auditing schedule in place that monitored the direct delivery of care. The inspector summarised that quality improvement initiatives were having a positive outcome on the daily lived experience of residents. This was evidenced by;

- comprehensive person centered care plans were in place that guided care
- Safe medication administration practices.
- Development of the fallen leaf programme that monitors falls prevention and management strategies
- The active promotion of a restrictive free environment. The ethos and delivery of care was focused on eliminating the use of restrictive practices. For example; there was only two residents with bedrails in use.
- There was an in house end of life committee tasked to review current practices. The most recent survey completed by families of residents that had died in the centre was complimentary of the care delivered.

The centre is purpose built and divided into four units across two floors with access to a resident lift. The dementia specific unit can accommodate 17 residents. Resident bedrooms are mostly single occupancy, with en-suite toilet and wash hand basin. The centre was suitably and comfortably decorated with many homely features. The communal rooms were furnished in a homelike design. There was comfortable armchairs, side tables and framed art work on display. Each resident had access to locked storage in their bedroom. The centre was safe to navigate and suitably equipped with handrails, safe floor coverings and straightforward hallways free of obstructions or trip hazards.

The management had engaged the services of an architect and plans have been

submitted to increase the number of shower facilities in the centre. The concerns identified on the last inspection specific to the number of showers available remains unresolved. The location of showering facilities meant that some residents continue to travel a long distance through the hallway, passing the communal sitting and dining rooms to access the showers. Therefore, the individual residents rights to maintain their privacy continues to be compromised by the limitations of showering facilities available on each unit. The centre premises will remain not compliant with the regulations until the installation of additional showers for resident use.

Notwithstanding the availability of showering facilities the inspector found that in other areas residents' rights to privacy and dignity was respected. For example: staff sought consent for care procedures and were observed to be kind and caring in their interactions with residents. There were measures in place to safeguard residents from abuse. A policy was available to inform management of any suspicions, allegations or incidents of abuse. Residents told the inspector that they felt safe in the centre.

Residents availed of a varied activity programme. Activities developed for people with cognitive impairments formed part of this programme, and this had a positive impact on those who participated. Residents' links with the community were maintained where possible, and this was supported by access to local media, Internet and telephone services. The inspector observed there was a range of organised stimulating and engaging activities that provided opportunities for socialisation and recreation. All staff had a good understanding in their role and responsibility regarding normal socialisation and engagement with residents. Staff considered activities an important part of the lived experience of residents. However, staff told the inspector that their ability to engage with residents in social conversation was limited due to the workload. Staff voiced that this impacted mostly on residents who did not attend the organised activities.

### Regulation 11: Visits

All visitors are requested to sign in on entering and leaving the centre. There were no restrictions on visits and family members said that staff were welcoming and approachable at all times.

Judgment: Compliant

### Regulation 12: Personal possessions

Resident bedrooms had sufficient wardrobe and storage space to store personal items. Residents had opportunity to personalise their bedroom space based on their

preferences.

Residents spoken with were happy with the laundry services provided.

Judgment: Compliant

### Regulation 17: Premises

The centre is purpose built. Following the last inspection the centre management had decreased the number of residents admitted to 109. The inspector was informed that the registration renewal application form due for submission by 25th March 2020 will reflect the decrease to 109. This decrease is accounted for by the change of double to single bedrooms. The centre now has one double bedroom on St Joseph's unit and two double bedrooms in St.Teresa's unit. All other resident bedrooms are ensuite with a toilet and handwash basin.

As previously stated, the management have engaged the services of an architect and plans have been submitted to increase the number of shower facilities in the centre. The concerns identified on the last inspection specific to the number of showers available remains unresolved. The centre premises will remain not compliant with the regulations until the installation of additional showers for resident use.

Judgment: Not compliant

### Regulation 20: Information for residents

The information required to inform residents about the centre was in place. The provider had ensured that documents were accessible to residents. The complaints procedure and residents' guide were available. There were notice boards displaying information on local activities and items of interest to residents.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The inspector tracked the files of residents who had been admitted to an acute setting from the centre. The electronic system in place generates a comprehensive transfer letter that contains all relevant information about the resident to the acute hospital. Additional information relevant to the rationale for transfer was also

communicated. For example, the list of current medications.

Judgment: Compliant

### Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The risk register was kept under review by the person in charge. The risk register identified risks and included the additional control measures in place to minimise the risk. Further development of the risk register was required to ensure that the additional measures implemented by the management team post the identification of a risk were included on the risk register. For example:

- The risk associated with an imbalance on medication stocks and the additional control measures put in place as a result.
- The risk associated with infection control outbreaks. The centre has had 3 notifiable infection control outbreaks since the last inspection completed in August 2019.

Judgment: Substantially compliant

### Regulation 27: Infection control

The centre was found to be clean. The procedures in place for managing the prevention and control of infection were in line with National Standards. The inspector spoke with the staff responsible for the cleaning of the centre. Staff were knowledgeable on the cloth colour coded system in place.

The centre had reported three separate incidents of an infection outbreak that had occurred within the centre since the last inspection. At the time of the outbreak the person in charge had informed the Chief inspector and all reasonable measures and appropriate action had been taken.

On the day of inspection the management team told the inspector that they were keeping in touch with public health advice on the potential plans that may be required for implementation as a direct result of Covid 19. On the day of inspection there was a large notice of information at the entrance of the centre. There was also a hand sanitiser dispenser that all persons were instructed to use. A nurse manager had instructed staff not to shake hands as a greeting and instead to raise their right hand to their left chest. The person in charge was planning to implement this across all departments.

The inspector was concerned that the limitation of showers available on each unit was an added risk in the event of the need to isolate individual residents and also

meet their hygiene requirements. This is actioned under regulation 17 Premises and regulation 9 Residents rights.

Judgment: Compliant

### Regulation 28: Fire precautions

The management of fire safety in the centre was comprehensive. Annual servicing of fire fighting equipment had been completed. Quarterly servicing was completed in 2019. Daily checks on exits were carried out throughout the premises. Fire drills were completed. The fire alarm was checked.

All staff had completed annual fire training. Staff spoken with talked through what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Simulated fire evacuation drills of the largest compartment for night time conditions had been carried out with learning taken to ensure that residents could be assisted to evacuate in a safe and efficient manner.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing and review of medications met with regulatory requirements.

The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and made themselves available to answer any queries individual residents had regarding their medicines. There was monthly auditing completed on medicines management. There was no reported medicine errors.

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. The centre had reported an incident involving medicines management within the centre. The incident had not had a negative impact on any resident. The investigation completed was comprehensive and detailed. All appropriate measures were taken to minimise any reoccurrence. In addition, lessons learnt were communicated to all relevant staff.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. These assessments informed care plans to meet each resident's needs. The interventions needed to meet each resident's needs were clearly described in person-centred terms to reflect their individual care preferences.

All staff had received training on the electronic care planning system in place which meant that staff could navigate the system and access information requested. The nursing management had a system in place whereby each resident was allocated a named nurse who had responsibility to ensure that care plans were person centered and guided care. There were minor gaps found in between a change in plan and the updating of the care plan. The gaps found in the documentation had not had a negative impact on the resident. There was good evidence that where possible residents were consulted with regarding their care plan development and subsequent reviews. The families of residents unable to be involved in this process were consulted on behalf of individual residents. Records were maintained of this consultation process.

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on the resident. For example: a resident that was recorded as having weight loss was reviewed by a dietitian in a timely manner. The recommendations made were actioned the same day and the records evidenced that over a short period of time the residents weight had stabilised. In addition, the care plan had been updated to reflect the changes made.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The inspector reviewed the files and care plans of residents with responsive behaviours and found that the care plans in place were detailed and person centered. The staff were familiar with the residents and were knowledgeable on the triggers that may cause any distress. In addition the staff knew how to deescalate

any behaviours in a manner that was not restrictive. and found that the detail recorded was comprehensive. This meant that the specialist team reviewing a resident could make informed decisions on how best to support the residents specific care needs. Compassionate, sensitive and supportive care from staff positively impacted on their wellbeing and quality of life in the centre.

The management team was seen to be actively promoting a restraint-free environment. A multidisciplinary approach to the usage of bedrails was taken. There was a total of two residents who had bedrails in use on the day of inspection. The inspector reviewed the resident files and found that appropriate assessment of need had been completed. Alternative measures were trialled. For example; the purchase of larger beds so residents were not fearful of rolling out. The resident files were compliant with regulation requirements.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to support the identification, reporting and investigation of alleged or suspected abuse. All staff had received training in the prevention, detection and response to abuse. Residents told the inspector that they felt safe.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were aware of their rights and had been accommodated to vote in the recent general election.

Resident meetings were held. The inspector reviewed the minutes of the February 2020 meeting which evidenced that 21 residents had attended. Residents had voiced dissatisfaction in the availability of staff in the dining room. In addition, residents had commented on the length of time they had to wait for a member of staff to assist them back to their bedroom. The management confirmed that there was no expectation of residents to escort each other returning to their rooms. The issue raised on staff availability was not directly addressed. This is actioned under regulation 15 staffing.

As previously stated the management team had submitted plans for planning permission to increase the number of bath and showering facilities that are currently available to residents. No progress had been made since the last inspection on the actual number of shower facilities available for resident use. The situation

whereby residents have to travel a long distance through the hallway, passing the communal sitting and dining rooms to access the showers had not changed. This arrangement continues to impact on the dignity of residents.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Carrigoran House OSV-0000445

Inspection ID: MON-0023146

Date of inspection: 05/03/2020

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Having reviewed our staffing allocation our care hours are 3.16 not including St. Teresa's Unit (Dementia Specific Unit). There are times during the day where this is higher due to residents being accommodated off the units for activities and therapies.            The Dining Room experience is one of a restaurant where meals are not all served at once and the restaurant facilitates those independent with their meal between 13.00 – 14.00 and 17.00 – 18.00. All residents are aware that staff from units are not involved in this service between those times. They are assisted to leave this area by Dining Staff, Volunteers, Activity and Housekeeping staff to return to their rooms or other parts of the building should they so wish before the Dining Room/Restaurant closes.            We are not making adjustments on our staffing allocation at this time.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            The Annual Review had been completed in the exact same manner as it had been in the previous 3 years without issue but for future completion we will elaborate further to include documenting the fact it was done in consultation with residents and their families.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  On the day of inspection we were far beyond groundwork stage of this process as plans had been redrafted, accepted, funds identified and all documentation was already in the planning department. A member of the planning department visited the morning after our inspection to view and photograph the locations of the additional structures to facilitate 7 new shower rooms. The timeline is:</p> <ul style="list-style-type: none"> <li>• Planning submitted February 2020</li> <li>• 3 months bring to early May 2020</li> <li>• 1 month cooling off period bring us to June 2020</li> <li>• Commencement Notice with Clare County Council for 2 weeks  Notify Council about to start  Site inspections</li> <li>• Commence works before end of June 2020</li> </ul>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:  The risk associated with medication stocks and the additional control measures that were already in place at the time of the inspection have been added to the register.</p> <p>The risk associated with any healthcare notifiable disease has been formally added to the register.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  On the day of inspection considerable progress had been made with the provision of additional showering facilities for our residents. Some residents may have to pass a day room or dining room on their own units that may or may not be empty at the time, in their dressing gown and slippers should they so wish for assistance with a shower.</p>	

7 additional buildings were not going to be completed and ready for use in under 6 months. This is unreasonable to expect. Residents continue to have showering facilities on their units with the longest distance from a bedroom door to a shower on the same floor is 40 meters, 6 meters further than the nurses station, the shortest distance being 2 meters. 7 additional shower rooms are being built to facilitate double the existing compliment on all units at different locations from the existing shower rooms.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	02/04/2020
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.	Not Compliant	Orange	31/12/2020
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with	Substantially Compliant	Yellow	06/03/2020

	residents and their families.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	06/03/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2020