



## Office of the Chief Inspector

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

Name of designated centre:	Stella Maris Nursing Home
Name of provider:	Stella Maris Residential Care Limited
Address of centre:	Cummer, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	12 March 2019
Centre ID:	OSV-0000396
Fieldwork ID:	MON-0023866

## About the designated centre

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

Stella Maris Nursing Home is purpose built centre located in a rural setting near Cummer in County Galway. The centre is registered to accommodate 43 residents over the age of 18 requiring 24 hour nursing care with a range of medical and social care needs. All resident areas are located on the ground floor and office and storage areas are located on the first floor. Communal space comprised a large central day room and several smaller sitting rooms. Bedroom accommodation comprises 21 two bedded rooms and one single room. All bedrooms have en suite toilet and shower facilities.

There is a driveway and walkway around the building and a number of small garden areas one of which is a safe enclosed area. Ample parking was available to the front of the building.

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

Current registration end date:	29/05/2021
Number of residents on the date of inspection:	36

## 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
12 March 2019	09:00hrs to 19:00hrs	Marie Matthews	Lead

## Views of people who use the service

The inspector spoke with several residents and one family member over the course of the inspection. The feedback about the care provided was very positive and residents were complimentary regarding the management of the centre. Residents confirmed that they could bring any concerns they had to the person in charge or any of the management team and said that their views were listened to and taken on board. The residents spoken with said that they felt safe and well cared for by staff who were familiar with their preferences and who knew their care needs.

Residents were complimentary of the management team and other staff members. Two residents spoken with told the inspector they were able to maintain their own daily routine in the centre and also like to attend social events held in the local community. They said they went outside to the garden when the weather was nice.

Residents said there were always staff nearby to assist them and respond to emergency call bells and they confirmed that their privacy was respected during personal care.

Residents spoken with said they enjoyed the food served and said there were snacks and drinks served throughout the day. A relative spoken with said that she was very happy with the care provided and was always made feel welcome when she visited.

## Capacity and capability

Stella Maris is a family run business with family members having key roles for the day to day management and running of the service. There were clear lines of accountability and staff members spoken with were aware of their responsibilities and who they were accountable to. The person is a registered general nurse with 40 year's experience who worked directly in the delivery of care to residents. She worked full-time in the centre and was very familiar with each residents care needs. The registered provider representative is also a registered nurse and she was well known to residents. The centre was adequately resourced with staff. Assistive equipment was provided where required and there were contracts in place to ensure that equipment was maintained. There were safe recruitment practices in place and all staff members had garda clearance in place.

Data was securely maintained and there were systems in place to

monitor the care provided to residents. Data was collected on a weekly basis to monitor a number of clinical areas, for example, the number of falls sustained, the complaints received, residents with unexplained loss or residents requiring pain relief or antibiotics. Further work was required to ensure that the data collected was analysed and used to identify what improvements were required in the overall quality of care and outcomes for residents. An annual review of the quality of care was completed but this was not available for review at the time of the inspection. The centres oversight and management of fire safety procedures required urgent review. There were no records to provide assurance that evacuation drills took place, and the fire evacuation layout plans displayed didn't correspond with the fire alarm panel. This was brought to the attention of the management team who undertook to carry out a evacuation drill simulating night time staffing levels immediately following the inspection. An urgent compliance report was issued in respect of these issues. These findings are discussed further under regulation 28 in the quality and safety section of this report. The management demonstrated a willingness to comply with the regulations and undertook to address issues raised immediately.

The actions identified at the last inspection had been substantially addressed including:

- ensuring care plans were more person centred
- ensuring food and fluid monitoring charts were comprehensively completed
- ensuring feedback from residents was captured.

While some additional signs had been provided, there was a need for improved signage throughout the building and better use of colour to help orientate residents with dementia. This is discussed further under regulation 17 in the quality and safety section of this report.

Records were securely maintained and documents such as the directory of residents, contracts of care and policies and procedures were kept up to date.

There was an active residents forum chaired by a music therapist who attended the centre three days a week. The complaints procedure was displayed and residents reported that the management team were responsive to their concerns.

Staff members had completed training in a range of clinical areas in addition to mandatory training in fire safety, safeguarding, manual handling and infection control. Those spoken with were clear on how they would respond to an allegation or suspicion of abuse.

## Regulation 14: Persons in charge

The person in charge is an experienced nurse who works full time in the centre. She knew the individual needs of each resident and was described positively by all residents spoken with. She was knowledgeable of her responsibilities under the regulations.

Judgment: Compliant

### Regulation 15: Staffing

Recruitment practices were safe and all staff members had garda vetting clearance prior to commencing work. New staff completed a period of induction.

The staffing levels and skill mix on the day of the inspection was adequate to meet the needs of residents. The rota confirmed that these staffing levels were consistent. A nurse was on duty at all times. The management team said they kept staffing levels under review. Staff members spoken with confirmed that shift patters were altered if a resident was very ill or receiving end of life care.

At the time of the inspection there were no records of fire evacuation drills to evidence if the night time staffing levels were sufficient to safely evacuated residents. This is discussed further under regulation 28 and may necessitate a review of night time staffing levels.

The person in charge confirmed that shift patterns were changed where a resident was ill or had increased care needs. This was indicated on the staff rota. Residents in communal areas were observed to be constantly supervised by staff.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a range of training opportunities which enabled them to provide evidenced based care to residents. All staff had up-to-date safeguarding, manual handling and fire training in place as well as a range of additional clinical training.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents was maintained. It contained all the information as outlined in schedule three.

Judgment: Compliant

## Regulation 21: Records

Records were held and maintained securely within the designated centre. A sample of staff files were reviewed against the requirements of schedule two of the regulations and were compliant. Information on display in the centre included the complaints procedure and the registration certificate.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place with clear lines of authority. The centre was adequately resourced to ensure appropriate care was being delivered to residents. The number and mix of staff was kept under review.

The management systems in place required improved oversight to ensure the service provided was safe, appropriate and consistent. During the inspection, the inspector identified areas for improvement which had not been picked up through the audits completed. For example:

- improvements were identified in how the needs of residents with special dietary requirements were communicated to catering staff.
- fire safety procedures required improved oversight to ensure they were effective and that residents could be safely evacuated.
- While clinical data was collected on a weekly basis to monitor areas such as accidents and incidents, pain, weight loss, complaints and antibiotic use, further work was required to ensure that the data collected was analysed and used to identify improvements in the quality of care.
- The system for ensuring that care plans were updated to reflect changes in the residents care needs also required improved oversight.



An annual review had been completed in consultation with the residents. The provider was requested to forward a copy to the Office of the Chief Inspector.

The provider had addressed most issues from the last inspection. Some new signage had been provided, however the centre is large and additional directional signage was required to direct residents to communal areas such as the dining and sitting rooms. This is discussed further under regulation 17.

Judgment: Not compliant

#### Regulation 24: Contract for the provision of services

Contracts of care were in place. The sample reviewed were signed by the resident or their representative and included the fees to be charged. The contracts also indicated if the room to be occupied was a single or shared bedroom.

Judgment: Compliant

#### Regulation 30: Volunteers

There were no volunteers working in the centre. The provider was aware of the requirement to ensure garda clearance was obtained for volunteers and to have defined roles and responsibilities documented.

Judgment: Compliant

#### Regulation 31: Notification of incidents

All accidents and incidents which occurred in the centre were reviewed by the person in charge. Where required the office of the chief inspector had been notified of accidents and incidents occurring in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was displayed and it provided a clear process and included an independent appeals process. The residents' were aware of how to make complaint and told the inspector that any concerns they voiced were listened to, investigated and dealt with promptly.

Judgment: Compliant

### Quality and safety

The care and support provided to residents was of a good quality. Residents were supported to live as they chose and their independence was promoted.

The centre was clean, accessible and decorated in a comfortable home like way. The person in charge had worked to promote a restraint free environment. Fire safety procedures required urgent review to provide assurances that residents were adequately protected against the risk of fire. An urgent compliance plan was issued.

Residents were assessed prior to admission to ensure that the centre could meet their needs. Care plans were developed based on a range of assessments of the residents' health and social care needs. The care plans reviewed were person centred and there was a process in place to ensure that they were updated by the nurse assigned as a key worker. Most of those reviewed had been updated where there was a change in the residents' condition. Some were found to require further review to accurately reflect the care provided for example, the care plan of a resident with responsive behaviours did not reflect the specialised care plan described by staff which had resulted in a reduction in the behaviours.

Residents' general health was monitored and checks of blood pressure, weights and other indicators were undertaken monthly and more frequently when changes were evident. Residents were referred to a dietician or speech and language therapists where unexplained weight loss was identified for specialist advice to prevent deterioration in health. The advice of the specialist was incorporated into the residents care plans.

There was appropriate staff deployment and communal areas were observed to be supervised at all times. Residents were supported to maintain involvement with their local community and with their family and friends and there were no restrictions on visiting.

Residents were reviewed regularly by their General Practitioner (GP) and there was good access to allied health professionals. There was no additional fee charged to residents for these services.

There was also a varied social activity programme provided which included specific interventions for residents with dementia and those with impaired communication. A music therapist employed three days a week worked with residents to assist them to express themselves through music. Residents described a varied social programme and said that there was an activity scheduled every day. The social programme was displayed and included, pet therapy, skittles, word puzzles, music therapy, live music and reading newspapers. In addition there were group and individual exercise sessions provided by a physiotherapist.

All staff members had completed training in managing residents who exhibited responsive behaviours. Staff were observed to positively support residents with responsive behaviours.

The person in charge had worked to eliminate the use of all physical restraints. Risk assessments were completed for the risk of falls and interventions such as low entry beds and crash mats were used to ensure residents safety. Accidents and Incidents were monitored closely by the person in charge and learning from them helped her to improve the safety of all residents living in the centre. Serious accidents or incidents were appropriately reported to the Office of the Chief Inspector. Clinical risk assessments were also completed for malnutrition, responsive behaviours, the risk of leaving the centre and for pressure sore prevention.

The fire safety procedures in place were not robust and required urgent review. required urgent review.

- There was no recorded evidence of any fire evacuation drills where the fire evacuation procedures were tested to provide assurance that residents in each compartment could be safely evacuated.
- there were no Personal Emergency Evacuation Profiles (PEEPS) available detailing the level of assistance each resident would require.
- There are discrepancies between the number of fire zones or compartments described in the fire alarm testing documents and what was described on the fire evacuation plan displayed .
- Bedroom doors were kept ajar on one side and were not fitted with a self closing device fitted to the fire alarm to ensure they closed in the event of a fire.

An urgent compliance plan was issued. Further information regarding the fire alarm was also requested to assure the Office of the Chief Inspector that the fire procedures in place were fit for purpose and residents could be evacuated safely in the event of fire.

There was a secure outdoor garden located off the main sitting room. Some residents had personalised their bedrooms with family pictures and ornaments.

Privacy screening was provided in shared rooms and bathrooms and toilets had locks fitted for privacy.

Further enhancements of the premises were also required to make it more accessible and easier to orientate. The centre is large and additional signage and visual aids were required to help orientate residents, particularly those with dementia. This was an action from the last inspection which was not fully addressed and is repeated in the compliance plan of this report.

### Regulation 11: Visits

There were no restrictions with visiting. There was a variety of spaces available where residents could meet with visitors in private. Relatives told the inspector they were made feel welcome and offered refreshments when they visited.

Judgment: Compliant

### Regulation 17: Premises

An action from the last inspection was not fully addressed and is repeated in the compliance plan of this report. The centre is large and spread out and the last inspection identified that further enhancements were required to orientate residents with dementia including additional directional signage and visual cues to help guide residents to the dining room and sitting rooms. Some new signage had been provided however further work is required in this area to ensure the centre is accessible and easy to navigate for all residents. Additional low level signage was required along corridors and picture cues on bedroom doors to assist residents to recognise their bedroom.

The building was comfortable, well maintained, clean, warm and odour free. The design and layout encouraged and aided residents to be independent and there were ample corridors with hand rails on both sides for residents who like to walk. Seating was provided at regular intervals along corridors to allow residents to rest which promoted mobility. There were varied of communal areas available. A safe enclosed garden was provide.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The inspector identified that the system for communicating the dietary needs of residents to catering staff required review. One resident who was prescribed a minced moist diet was receiving a pureed diet.

Residents were very complimentary regarding the quality of the meals provided and particularly appreciated the home baked breads, scones and soups. The food was observed to be served in good quantities and presented in an appetising manner and there were adequate staff available to help residents who required assistance. Drinks and snacks were served throughout the day.

Residents were referred to a dietician speech and language therapists where necessary and their advice was incorporated into the residents care plans. Improved oversight of this aspect of the service was required to ensure that the list of residents' dietary requirements communicated to catering staff was kept up to date.

Judgment: Substantially compliant

### Regulation 26: Risk management

There were risk management systems in place which included a risk policy. A risk register was available and there was evidence that this was regularly reviewed. However, although the risk of fire was identified in the register, the controls in place were not sufficient. Further development of the risk register was required to address the risks identified during this inspection which are detailed under regulation 28 .

There were suitable arrangements in place for the identification, recording, investigation and learning from accidents or near misses that occurred. Accidents and injuries were recorded and responded to by staff and monitored by the person in charge.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector observed good infection control practices. The centre was clean and all staff had attended training on infection control. There had been no recent outbreaks in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Record showed that fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly. The fire procedures and evacuation plans were prominently displayed. However; although the staff were able to verbalise the theory, they had not had any opportunities to put it into practice. The inspector was told that the fire alarm was activated once a week and the response of the staff on duty was monitored. However there was no recorded evidence of any fire evacuation drills available to evidence this.

An urgent compliance plan was issued requiring the provider to complete a simulated fire drill using night time staffing levels and also to provide assurances from a competent person that the fire precautions in place were fit for purpose.

The inspector identified discrepancies between the compartments described on the centres fire panel and what was described on the fire evacuation floor plans layout displayed.

The testing cert reviewed by the inspector for the fire detection and alarm system indicated that the system was an L1 \ L2 standard alarm, however, the alarm panel identified the fire compartment in which there was a fire rather than the room. Bedroom doors were double hinged and were sufficiently wide to allow residents to be evacuated in beds if necessary. There were no electromagnetic devices fitted to the smaller side of the door to ensure that the door closed in the event of a fire. This side of most bedroom doors was kept open during the inspection.

There were no Personal Evacuation Plans available available for residents with information on the level of support or assistive equipment the resident required in the event of a fire.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A range of assessments of health, personal and social care needs were completed. Care and support needs were generally well documented in the care plans reviewed and the care described was person centre. Residents or their families were consulted regarding their care and this was recorded in the care records reviewed. A small number of care plans had not been updated to reflect the most recent changes in the residents care needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to health services based on their assessed needs. There was evidence of regular review by a General Practitioner (GP). There was a range of other allied health support services available and there was timely referral to specialist consultants and to allied health services where required and they had access to national screening programmes such as Breast Check, Bowel Screen and Diabetic Retinal Screening. It was evident from speaking with residents that they could actively participate in decisions about their health.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The person in charge had worked to eliminate the use of physical restraints. Low entry beds and crash mats were observed in use to good effect. None of the current residents had bedrails or lap belts in place. The inspector reviewed the files of residents who have responsive behaviours which included information about what might trigger behaviours and how the staff should respond. There was evidence of regular input by the Psychiatry of Later life team. All staff members had completed training on the management of behaviours and were observed to positively support residents with responsive behaviours. The staff knew the difference between therapeutic medication and chemical restraint.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected from abuse through robust recruitment practices, policies, continuous training and staff supervision. Staff spoken with were clear on the procedure to follow if they witnessed or suspected abuse. There were no investigations under review at the time of the inspection. The provider representative confirmed that Garda vetting clearance was in place for all staff and who provided care to residents. The provider confirmed she did not act as a financial agent for any resident.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not 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

# Compliance Plan for Stella Maris Nursing Home OSV-0000396

Inspection ID: MON-0023866

Date of inspection: 12/03/2019

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A Diet matrix for residents who require special dietary requirements has been implemented and discussed with catering staff .</p> <p>Any changes made to residents dietary requirements by dietician speech and language therapist will be discussed with catering staff by our P.I.C. immediately after their visit and changes updated on the diet matrix to minimize the risk of gaps occurring in documentation of individual residents care needs.</p> <p>Simulated fire drills have been carried out on 19th March and 28th April with further simulated drills being conducted during the Month of May to ensure all staff have completed at least one simulated drill by May 31st.</p> <p>Weekly collection of data will be monitored more closely to ensure that any changes in residents care needs is updated by nurse on duty and reviewed by our P.I.C. to minimize the risk of gaps occurring in documentation of individual care provided.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Extra directional signage and picture cues for bedroom doors being sourced to help assist dementia residents within our centre.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Diet matrix for residents who require special dietary requirements has been implemented and will be reviewed daily by D.O.N. Any changes made to residents dietary requirements by dietician speech and language therapist will be discussed with catering staff to ensure changes are kept up to date and implemented at meal times.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The risk registrar has been updated to ensure that simulated fire drills are carried out and all findings from drills documented.</p> <p>Discrepancies between the compartments in the fire plan chart have been updated and now identify each compartment within the zoned areas of the building.</p> <p>It has been discussed with all staff members the importance of side panel on bedrooms doors are kept closed at all times. We will ensure that this is carried out going forward.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Registered Provider will ensure that fire drills are carried out by staff and for staff to have at least two simulated drills completed annually. The registered provider will involve residents in so far as reasonably practicable in the drills so that they are aware of the procedure to follow in the event of fire.</p> <p>Fire evacuations check list will be conducted to record each drill to ensure that drills are carried out effectively in a timely manner. All recordings will be recorded in the fire safety registrar.</p> <p>Simulated drill was completed on 19th March 2019 on morning shift and night time shift where staff and residents evacuated fire compartments. The training enabled staff to</p>	

successfully evacuate residents safely with evacuation aids and method of movement required for each resident from the compartment in a timely manner of 2 minutes (day shift) and 2 minutes 35 seconds (night time shift)

A further drill was carried out on 28th April 2019 during the night time shift and completed at a time of 2 minutes 37 seconds.

Further simulated drills will be carried out during month of May to ensure all staff will have completed at least one simulated drill by May 31st .

A new Personal Emergency Evacuation Plan has been completed for each resident to assist staff with equipment required and method of movement of resident in the event of fire .

An emergency fire evacuation action plan is in place to assist staff on what steps to take to evacuate residents to a safe compartment or if a full evacuation of building is required. Transport and emergency accommodation is available in the event of a full evacuation.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Residents care plans are presently being reviewed and up-dated by R.N.s to ensure any new changes identified in residents care needs is documented.

We will work to achieve improvement in this area by ensuring that D.O.N. and nurses discuss with multidisciplinary teams in greater detail all aspects of care required for residents prior to developing care plans so as to minimize the risk of gaps occurring in documentation of individual care. This has been brought to the attention of nursing staff individually to date and will be further discussed at nurses meeting in May.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2019
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	Not Compliant	Orange	13/03/2019

	concerned.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	01/02/2019
Regulation 23(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Yellow	01/02/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5	Not Compliant	Orange	19/03/2019

	includes the measures and actions in place to control the risks identified.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	19/03/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	19/03/2019
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	Red	19/03/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	19/03/2019



Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	19/03/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	19/03/2019
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant		19/03/2019
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	30/04/2019