



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

Issued by the Chief Inspector

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:	01 February 2023
Centre ID:	OSV-0000396
Fieldwork ID:	MON-0039182

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.

Number of residents on the date of inspection:	38
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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
Wednesday 1 February 2023	09:15hrs to 17:45hrs	Claire McGinley	Lead
Wednesday 1 February 2023	09:15hrs to 17:45hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

Inspectors met and spoke with several residents over the course of this inspection. Generally the feedback from residents was of satisfaction with the care they received. However, some residents identified that they felt that their days were long and that 'nothing much happened' during the day.

On the morning of the inspection, inspectors conducted a walk through the centre with the clinical nurse manager and were later joined by the person in charge. Residents were familiar with both the clinical nurse manager and the person in charge. Residents were observed to be up and about using the communal spaces available within the centre as they wished.

The design and layout of the building was observed to be suitable for the needs of the residents cared for within the centre. Resident bedrooms were clean and bright. Some bedrooms personalised with photographs and other personal belongings. Inspectors observed that, in shared accommodation, residents did not always have access to their own comfortable chair.

On the day of inspection, inspectors found that the temperature in the centre was cold, and noted that a number of radiators were turned off.

There was a designated smoking room available to residents, however, the ventilation in this room was poor, and smoke was noted to infiltrate the corridor and the entrance to residents' bedrooms. The premises was found to be generally clean. However, inspectors found resident equipment that was not visibly clean. In addition, there was inappropriate storage of shared items in communal bathrooms, and hoist slings were shared between residents, which posed a risk of cross infection.

Throughout the day of the inspection the majority of residents sat together in the day room. The arrangement of resident seating in this room did not facilitate social engagement. Residents were observed sitting in rows, looking onto the backs of chairs, facing a large television screen. Activities such as arts and crafts were taking place, however, due to the layout of the day room, these activities were accessible to only a small number of residents.

Inspectors observed that some of the day-to-day staff interactions with residents were task-orientated and lacked a person-centred approach. For example, inspectors observed staff providing assistance to residents with little or no interaction and manual handling practices in communal areas did not ensure the privacy and dignity of residents.

Visitors were observed coming and going throughout the day. Inspectors were informed that while residents could entertain visitors in single rooms, a booking

procedure remained in place for visitors to residents in shared accommodation.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors followed up on the actions taken by the provider to address areas of non-compliance found on the previous inspection in June 2022.

The findings of this inspection were that the provider had failed to take appropriate actions to ensure adequate oversight of the service. The governance arrangements in place did not provide assurance that the service provided was safe and effectively monitored. The provider had failed to address actions in the compliance plan submitted to the Chief Inspector of Social Services following the previous inspections. Inspectors found repeated non-compliance in the following regulations;

Regulation 21: Records
Regulation 23: Governance and Management
Regulation 9: Residents' rights
Regulation 17: Premises
Regulation 27: Infection control
Regulation 34: Complaints

In addition, inspectors found further non-compliance in the following regulations;
Regulation 19: Directory of Residents
Regulation 24: Contract for provision of services
Regulation 16: Training and staff development
Regulation 28: Fire precautions
Regulation 5: Individual assessment and care plan,
Regulation 6: Healthcare

The registered provider was Stella Maris Residential Care Ltd. The company had two directors, one of whom was nominated to represent the registered provider and was also the person in charge. The person in charge was not available on the morning of the inspection and the clinical nurse manager (CNM) on duty facilitated the inspection until the person in charge arrived. The CNM informed inspectors that they had commenced a month prior to the inspection, however, they had worked as a staff nurse in the centre since July 2022, and were familiar with the residents and their needs.

Inspectors found no improvement in the management of records in the centre.

Records requested on this inspection were not made available to inspectors in a timely and organised manner. In a compliance plan submitted following an inspection in June 22, the provider committed to ensuring accessible governance and management arrangements. Inspectors found that this action had not been taken.

Staffing levels on the day of inspection were adequate to meet the care needs of the current 38 residents. The team providing direct care to residents, on the day of inspection consisted of one registered nurse with a team of five healthcare assistants.

Inspectors were told that staff had access to training, however staff training records were not made available at the time of inspection. The supervision of staff was also observed to be poor, as inspectors observed poor manual handling techniques, and a lack of protection of residents' privacy and dignity in communal areas.

Inspectors found that an auditing system, used to monitor the quality and safety of the service, had commenced in October 2022. However, on review of the audit records, inspectors found that the majority of clinical and environmental audits due in November and December 2022 were incomplete and therefore no quality improvement plans were developed. The provider stated that regular meetings were held in relation to the governance and management of the centre, however, records and notes of these meetings were not available for review.

Inspectors found that residents availing of respite care within the designated centre, did not have a contract of care in place, as required by Regulation 24, Contract for the provision of services.

Inspectors found that records kept in respect of staff were incomplete. Inspectors reviewed a sample of staff personnel files and found gaps in the information required.

Information regarding the complaints process was displayed within the centre was not accurate, as it was not updated with changes to the management personnel. Inspectors reviewed a number of complaints, and found that there was no investigation of the complaint completed, and any improvements made as a result of a complaint were not recorded.

Regulation 15: Staffing

The staffing level and skill mix was appropriate to meet the needs of residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had failed to ensure that staff were appropriately supervised. This was evidenced by;

- Staff were observed to use manual handling techniques that were not safe and did not protect the privacy of residents. Staff were not supervised at the time of this observation.

Judgment: Substantially compliant

Regulation 21: Records

A number of records set out in Schedule 2, 3 and 4 were not available on the day of the inspection. This was evidenced by;

- staff records reviewed did not contain the documents set out in Schedule 2 of the regulations. For example;
- there was no evidence of relevant qualifications in one staff record.
- a full employment history was not available in three staff records
- staff training records
- the fire register

The directory of residents did not include the information specified in paragraph (3) of Schedule 3. For example;

- the name, address and telephone number of the residents' next of kin
- the date on which a resident was transferred to a hospital.

The duty roster records provided did not accurately reflect staff in the centre on the morning of inspection. For example, the person in charge was rostered on-duty on the morning of inspection but was not present.

Records were not kept in such a manner as to be safe and accessible. For example, resident care records were observed in an unsecured area the nurses station.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had continued to fail to take appropriate actions to ensure adequate oversight of the service. The management systems in the centre did not

provide assurance that the service was safe, appropriate, consistent and effectively monitored. For example;

- a number of audits reviewed were incomplete and therefore corrective actions could not be identified and implemented. For example, the recruitment audit, safe and effective services audit and waste management audit were all incomplete.
- while staff meetings were held, no record of the meeting was taken. This meant that any risks identified, or action required to address a risk, was not recorded, delegated to appropriate staff and reviewed.
- there was no system in place to identify and manage risk.
- the annual review of the quality and safety of resident care within the centre for 2022 were not available.

The provider had failed to address the actions from compliance plans submitted to the Chief Inspector of Social Services following the inspections completed in February and June 2022.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The registered provide had not agreed in writing with each resident, on admission to the centre, the terms on which the resident in the centre resided. For example, there was no contracts in place for short stay residents availing of respite within the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints reviewed were not managed in line with the requirements under Regulation 34. For example, there was no investigation or quality improvements

documented in two complaints regarding the comfort of resident beds within the centre.

Judgment: Substantially compliant

Quality and safety

Residents in the centre told inspectors that they were satisfied with the quality of the service they received. However, the findings of this inspection were that the lack of governance and management systems in place impacted on the quality and safety of the care provided to the residents. While residents' daily care needs were observed to be attended to appropriately, and residents were observed to be content in their surroundings, a review of the quality and safety of the service found that action was required to ensure compliance with assessment and care planning, healthcare, and fire precautions. Repeated non-compliance was found in Regulation 27: Infection control, Regulation 17: Premises and Regulation 9: Residents' rights.

Inspectors reviewed a sample of six residents' care records. Inspectors found that while care plans were in place they were not informed by up-to-date assessments. In addition, a number of care plans were not appropriately updated and action was required to ensure care plans were developed in line with regulatory requirements.

Residents were provided with access to a number of healthcare professionals such as physiotherapist and dietitian. However, inspectors found that a small number of residents did not have access to a medical practitioner.

The building was designed and laid out to meet the assessed needs of the residents. However, action was required to ensure that the premises were kept in a good state of repair and that equipment was maintained and stored appropriately.

A number of issues were identified through the course of the inspection which were not consistent with effective infection prevention and control measures. For example, inspectors observed that the clinical hand wash sink was in a locked treatment room, and therefore not accessible to all staff to wash their hands. Resident equipment, such as residents' comfort chairs and crash mats, were observed to be visibly unclean.

A review of the fire safety systems in the centre found that there were adequate means of escape in the event of a fire, and emergency lighting was in place. Fire detection and fire fighting equipment was available and serviced as required. Personal evacuation plans were in place for each resident. However, fire works identified in previous inspection reports had not been completed. For example, installation of fire dampers in the attic spaces had not been completed.

Inspectors found that residents were provided with limited opportunities to consult

with management and staff on how the centre was organised.

Residents had a choice of having meals in the dining room, the day room or in their bedrooms. A choice of meal was offered at mealtimes. The daily menu was on display in the resident dining room so residents could be reminded of their daily choice. Drinks and snacks were available throughout the day of inspection.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that, on the day of the inspection, the premises was found not to conform to the matters set out Schedule 6. For example;

- there was no suitable storage facilities in residents ensuite bathrooms to store toiletries
- a number of items of furniture were found to be in a state of disrepair
- paintwork and door frames were visibly scuffed in a number of areas.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet.

There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

A number of actions were required by the registered provider to ensure compliance in the management of infection prevention and control, Regulation 27. For example;

- the cleaning schedule records were incomplete This resulted in poor overall supervision of the cleaning of the centre.
- some resident equipment observed was visibly unclean. Items of resident equipment such as raised toilet seats and hoists were found to have rust, and therefore, not amenable to cleaning.
- shared hoist slings were in use which increased the risk of cross infection between residents .
- the centre had one hand hygiene sink for staff that was not within easy access to staff and was not in compliance with infection control standards.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. For example;

- quarterly and annual fire service certification was not available
- there was no fire safety register in the centre
- a number of fire doors were not maintained in good condition and as a result did not close fully when released to prevent the spread of smoke in the event of a fire
- routine fire safety checks were not recorded, as outlined in the centre's fire safety management policy
- staff did not demonstrate adequate knowledge of fire safety procedures
- staff were not appropriately trained in fire safety
- furniture was inappropriately placed along three corridors which resulted in the obstruction of fire escape routes

In addition, installation of fire dampers in the attic spaces had not been completed. This is a continued non-compliance from the last two inspections.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning was not in line with regulatory requirements. For example;

- two residents' care plans were not developed within 48 hours of admission to the centre
- care plans were not informed by accurate assessments. For example, one resident, assessed as requiring mechanical support with mobility, did not have their care plan adjusted to reflect this need.
- assessments and care plans were not formally reviewed to reflect changes to residents needs. For example, two residents did not have their needs assessed following hospital admissions for episodes of acute illness. Therefore their care plans did not accurately reflect their current health needs.

Judgment: Not compliant

Regulation 6: Health care

Overall, residents were provided with access to health and social care professional services as necessary. On the day of the inspection, the person in charge told inspectors that they were unable to make available a medical practitioner for a small number of residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors observed that not all residents were given equal opportunities to participate in the activities provided for residents on the day of the inspection. For example, while there were activities provided to the residents, due to the layout of the day room, the activities were accessible to only a small number of residents.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Stella Maris Nursing Home OSV-0000396

Inspection ID: MON-0039182

Date of inspection: 01/02/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff training matrix has been reviewed and updated for 2023 and mandatory training has been scheduled. All mandatory training will be complete by 30th June 2023</p> <p>Fire Safety awareness and evacuation procedures and drills have been completed in Feb 2023.</p> <p>Staff have received refresher training in Patient moving and handling. Ongoing supervision by Nurse on duty and CNM to monitor and observe safe practice between resident and staff to ensure residents are treated with dignity and respect.</p> <p>Responsibility: Person in Charge Completion: 30th June 2023</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Staff files are currently being audited to ensure full compliance. Where deficits exist they will be attended to ensure they comply to include C.Vs. with a full employment history and qualifications.</p> <p>Person responsible: Administrator Status: To be completed by 30th June 2023</p>	

Staff training matrix has been reviewed and updated outlining staff mandatory training. Outstanding mandatory trainings have been scheduled for staff to attend

Staff have access to an online training portal which is ongoing with staff to complete refresher training on a weekly basis.

Person Responsible: Administrator
Status: 30th June 2023

Directory of residents has been reviewed and updated with missing details on resident next of kin, address and telephone number and date of transfer to hospital.

Person Responsible: Administrator
Status: Complete

All nursing staff have been made aware of the importance of residents care records to be kept safe and secure at all times. They have been advised to ensure filing cabinet is kept locked at all times when they are not attending at the nurses station. Clinical nurse manager will monitor.

Person responsible: All nursing staff
Status: Ongoing

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Adequate oversight of service will be maintained by effective management systems. These have been put in place to ensure that the services provided are safe and consistently monitored. These include identification and assessment of risk and the precautions in place to control these risks, Covid 19, monitoring & reporting of risk, risk ratings, possible & potential hazards to residents & staff, ongoing identification of risk, review & escalation of risk, quality improvement, spot checks of staff practices, clinical & environmental audits, reviews of care provision & risk management.

An annual review of the quality and safety delivered will be monitored by the Registered Provider representative. Governance meetings will be recorded and minuted monthly by the Registered Provider Representative.

A Clinical Nurse Manager has been made responsible for completion and oversight of Audits.

Staff meetings are held every quarter and the DON will ensure that all Staff meetings are

recorded and any actions arising or action required to address a risk are identified, delegated to appropriate staff, and reviewed.

Annual review of 2022 will be reviewed by residents and families and completed by 31st May 2023.

Responsibility: Person in Charge & Clinical Nurse Manager

Completion: Ongoing & 30th April 2023.

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Contract of care for the provision of services for short stay residents is in place outlining the terms on which the resident shall reside, the services to be charged, room number and occupancy of the room.

Person responsible: Administrator

Status: Complete

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The Residents' complaints and concerns are being logged in complaints book and the outcome of complaint recorded and acted upon in a timely manner.

The outcome of each complaint and resident satisfaction will be documented going forward as per complaints policy.

The Complaints procedure, displayed on the main corridor, has been up-dated to reflect the personnel dealing with complaints in the nursing home.

Person responsible: C.N.M. and Person in charge

Status – Completed

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Schedule of works to complete the refurbishment of damaged & worn equipment will be addressed as part of annual maintenance schedule and will be overseen by Director of Nursing.

Works have commenced and painting/redcorating work is ongoing.
 Dining room painting is complete
 Damaged Queen Anne chairs have been upholstered. Any chairs waiting to be upholstered have been withdrawn from use.
 Annual service of all equipment has been completed.
 Damaged and worn crash mats removed and replaced.

Responsibility: Administrator and Director of Nursing
 Status: Ongoing

New storage items for ensuites have been sourced and are scheduled to be fitted in all ensuites by 30th June 2023.

Responsibility: Administrator and Director of nursing
 Status: 30th June 2023

New storage items for ensuites have been sourced and are scheduled to be fitted in all ensuites by 30th June 2023.

Responsibility: Administrator and Director of nursing
 Status: 30th June 2023

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 Domestic staff have been made aware of the importance of good housekeeping and the completion of cleaning records. A cleaning schedule is in place for all areas along with

regular deep cleaning to ensure all areas are cleaned and any damages are noted for inclusion in maintenance schedule. This will be monitored by the Clinical Nurse Manager.

An environmental audit will be carried out monthly by the Clinical Nurse Manager and any deficits will be addressed.

Resident equipment has been reviewed and worn, damaged or unsuitable items have been withdrawn and refurnished or replaced if required.

Responsibility: Clinical Nurse Manager & Person in Charge
Status: Commenced and ongoing

Residents that require the use of hoist will be provided with their own individual sling for their personal use. Completion by: 30th June 2023.

The Plumber has reviewed the layout of the corridors to see where it may be possible to have an extra sink fitted for easy access for staff hand washing. A suitable area has been identified & agreed upon. The plumber has ordered the hand wash basin, taps & parts and work will commence as soon as they are available. Work to be completed by 30th June 2023.

This will be addressed as part of our maintenance plan. Completion by 30th June 2023.

Responsibility: Clinical Nurse Manager & Person in Charge
Status: 30th June 2023

CNM is responsible for monitoring compliance of Infection prevention and control procedures such as hand hygiene, use of protective clothing and the safe disposal of sharps.

Responsibility: Clinical Nurse Manager & Person in Charge
Status: Ongoing

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
As part of the Clinical Nurse Manager's Fire Audit, the quarterly & annual fire service reports and certification will be monitored to ensure compliance.

Our annual fire service of fire equipment is carried out February of each year and this took place on February 10th 2023. All staff have received up to date training on fire safety awareness and evacuation procedures.

There is ongoing communication with the Fire Company in relation to installation of fire

dampers in the attic space and to have all works carried out as soon as possible. It has been listed a priority as part of our maintenance schedule and will be completed by 30th June 2023.

A schedule of work has been put in place to repair or upgrade the existing fire doors, some of which were not closing properly, to ensure compliance with fire regulations. Completion is scheduled for 30th June 2023.

Fire safety checks are conducted twice daily by the nurses on duty and this is audited as part of the Fire Safety Audit by the Clinical Nurse Manager.

Furniture deemed to be in breach of the fire exits have been removed from the corridors.

Responsibility: Person in Charge
Completion: 30th June 2023

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A CNM has been appointed to work closely with nursing staff in respect of all care plans and has put in place a robust system to include a schedule to review residents healthcare records and assessments ensuring they reflect the healthcare needs of individual residents.

All care plans will be reviewed to ensure care interventions are current and reflect the residents' treatment plan and any changes to care requirements with the Multi-disciplinary care teams.

All new admissions have a dedicated admission nurse to ensure all documentation is commenced in a timely manner within 48 hours post admission.

CNM will review all new residents' documentation to ensure nursing staff are meeting the regulated guidance in respect of care assessments required and care plans

All care plans will be updated four monthly, or sooner if required with residents changing needs. Audit are carried out on all care plans.

Responsible: CNM and nursing staff

Status: Ongoing

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The residents have access to medical assessments and treatment by their general practitioners (GP). The centre is currently serviced by six GP centres in the local area & surrounds. The GPs regularly visit their residents and attend the centre when requested.</p> <p>Residents also have access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietician, speech & language therapy, psychiatry of old age and palliative care.</p> <p>Person Responsible: Clinical Nurse Manager & Person in Charge</p> <p>Status: Complete</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The layout of the dayroom will be organized in consultation with the Residents when activities are taking place to ensure that all residents are given equal opportunity to participate in activities if they wish.</p> <p>The Activity co-ordinator will be responsible for consulting with the residents and organizing the layout for each activity session.</p> <p>Responsibility: Clinical Nurse Manager & Person in Charge</p> <p>Status: Ongoing</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2023
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	30/06/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/06/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and	Substantially Compliant	Yellow	30/06/2023

	accessible.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/05/2023
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	30/04/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any)	Substantially Compliant	Yellow	28/03/2023

	of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/06/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/03/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	28/03/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire	Not Compliant	Orange	28/03/2023

	prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	28/03/2023
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	28/03/2023
Regulation 5(3)	The person in charge shall	Not Compliant	Orange	28/03/2023

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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.	Not Compliant	Orange	28/03/2023
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.	Substantially Compliant	Yellow	28/03/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	28/03/2023