



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

## Issued by the Chief Inspector

Name of designated centre:	St Martha's Nursing Home
Name of provider:	Elder Nursing Homes (Charleville) Limited
Address of centre:	Love Lane, Clybee, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	10 November 2022
Centre ID:	OSV-0000291
Fieldwork ID:	MON-0037020

## About the designated centre

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

St. Martha's Nursing Home is a purpose built, single storey premises set back from the main road on the outskirts of Charleville, Co. Cork. The centre provides accommodation for up to 36 residents in twenty two single and seven twin bedrooms. Thirteen of the single bedrooms and two of the twin bedrooms are en suite with shower, toilet and wash hand basin. The remaining bedrooms are equipped with a wash hand-basin facility. The centre accommodates both female and male residents for long-term care and also facilitates short-term care for residents requiring convalescence, respite and palliative care. The centre caters for residents assessed as low, medium, high and maximum dependency. There is an internal courtyard which is accessible to residents that wish to spend some time in the open air.

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

Number of residents on the date of inspection:	33
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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 10 November 2022	10:00hrs to 18:00hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

During the inspection, the inspector met with many of the 33 residents who were living in the centre and spoke with six residents in more detail. The inspector also met with four relatives who were visiting residents during the inspection. The overall feedback from residents and relatives was that St Martha's Nursing Home was generally a nice place to live and that staff were kind to residents. However, from the observations of the inspector and from speaking with residents, action was required to ensure that residents' experience and safety was promoted at all times. This will be discussed further in the report.

On arrival to the centre, the inspector was guided through the centre's infection control procedures by the person in charge who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. An opening meeting was held with the person in charge and following this meeting, the person in charge accompanied the inspector on a walk around the centre. The person in the role of person in charge had changed twice since the last inspection and the new person in charge was in their role since the end of August 2022. During the walkaround, it was evident to the inspector that the person in charge knew the residents and their care needs well.

St. Martha's Nursing Home is a single storey building, located near Charleville town and is registered to accommodate 36 residents. Accommodation in the centre is in two units, side A and side B, with seven twin rooms and 22 single rooms. Thirteen of the single rooms and two twin rooms had en suite shower and toilet facilities while the remaining rooms had wash hand basin facilities only. The centre also had an assisted bathroom and toilet and two assisted shower and toilet facilities. The inspector saw the centre was warm and clean throughout. Two clinical hand wash basins had been installed in the centre since the previous inspection to ensure that staff had improved access to handwashing facilities. The inspector saw that these sinks met the required standards. Some bedrooms had been recently painted. However the inspector observed that some work with regard to premises had yet to be completed especially in relation to flooring in a number of bedrooms and corridors required repair or replacement and some furniture in bedrooms required attention. These and other findings are outlined in the quality and safety section of this report.

The centre had a well maintained enclosed outdoor garden with seating and raised beds. A smoking shelter was available for residents who chose to smoke, and these residents were seen to freely access the smoking area.

Residents had access to two day rooms that were separated by an archway, a dining room and a bright sun room. Communal rooms were nicely decorated and had smart TVs, home style dressers and lamps that gave the rooms a homely feel. During the morning the inspector saw that five residents were enjoying a leisurely breakfast in the dining room. The inspector saw that the majority of residents used the two day

rooms during the day. During the morning of the inspection, the inspector observed that while a staff member was assigned to supervision of residents in the dayrooms, there was no activities scheduled during this time. A number of residents told the inspector there was "nothing to do." During the afternoon, an external musician attended the centre and residents seemed to enjoy singing along to old time music with staff and the musician.

The inspector observed communication between staff and residents and found that their interactions were person-centred and respectful. Residents confirmed to the inspector that they felt safe in the centre. One resident told the inspector that they were so "grateful" to the staff and physiotherapist in the centre as their mobility had improved greatly since admission. The inspector found that staff knew the residents well and the atmosphere in the centre was relaxed and friendly. Residents looked comfortable, neatly dressed and groomed to their own personal style. Staff were seen to be respectful of residents' rights, including their right to privacy and choice. Staff were observed assisting residents in a kind manner and ensuring their dignity was maintained at all times.

The inspector observed the dining experience at lunch time. The lunch time and evening tea menu choice were displayed in the dining room. The person in charge had changed the mealtime service to two sittings so that the majority of residents could enjoy their meals in the dining room. The dining room was a nice bright large room and tables were decorated with flowers and condiments. The inspector saw that residents were offered the opportunity to sanitise their hand prior to the lunch time meal. The chef served meals from a hot buffet style trolley in the dining room and it was evident to the inspector that the chef was aware of residents likes and dislikes. The inspector saw that residents were offered a choice at mealtime and meals were nicely presented, looked appetising with adequate portion sizes with sauces offered separately to those who liked it. The lunch time meal was observed to be a sociable dining experience for residents. Residents were complimentary about the food and the inspector saw there were plenty snacks offered throughout the day.

Visitors were seen coming and going throughout the day of the inspection. Visitors who spoke with the inspector were satisfied with the visiting arrangements and that visits were organised in a safe way.

Residents were consulted on the running of the centre through resident and family surveys and resident meetings that were held regularly in the centre. From a review of these minutes it was evident to the inspector that a number of social activities had been arranged over the summer months such as a beach trip and trip to the cinema. The inspector saw that residents had access to newspapers, televisions and electronic devices. Mass was held in the centre once a week and a physiotherapist attended once a week to provide a group exercise class. However due to the recent resignation of the activity co-ordinator, it was evident to the inspector that opportunities for residents to partake in meaningful activities was limited each day. The management team in the centre told the inspector that they were actively recruiting to fill this position.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection of May 2022. The inspector found that some management systems required action to ensure the quality and safety of care provided to residents was promoted at all times and compliant with the regulations. In particular the systems in place with regard to staffing, notification of incidents, recruitment systems and records management.

St. Martha's Nursing Home is a designated centre, registered to accommodate 36 residents, that is owned by Elder Nursing Homes (Charleville) Limited who is the registered provider. Operational management of the centre lies with Complete Healthcare Services which is part of the Mowlam Group. There was a clearly defined management structure in place, with clear lines of authority and accountability. However, there had been a number of changes to the person in charge in the centre with the current person in position with just over two months in the centre. The person in charge was supported in their role by a full time clinical nurse manager, a team of nurses, care staff, housekeeping and catering staff. The position of clinical nurse manager had been recently filled in the centre. The person in charge reported through the governance structures of Complete Healthcare Services to a healthcare manager who met regularly with the person in charge to oversee the quality and safety of care to residents living in the home.

The inspector found that recruitment was ongoing in the centre to ensure the centre's staffing levels were in line with its statement of purpose. The inspector found that oversight of vetting processes required action as from a review of a sample of files, a newly recruited staff member had commenced working in the centre without receipt of the required vetting. This is outlined under Regulation 21 Records.

There were two nurses rostered seven days a week. Nursing rosters had been reviewed to ensure that a second nurse was rostered until 21.30 hours every evening to support the night nurse with medication administration in the recent months. There was an adequate number and skill mix of nurses and care on duty the day of inspection to meet the healthcare and personal care of the 33 residents living in the centre. However, due to a recent resignation, the position of activity co-ordinator was vacant on the day of inspection and recruitment was ongoing. This

impacted on residents' experience of meaningful activities as outlined under Regulation 15 Staffing.

Management in the centre ensured that staff were provided with both face to face and online training appropriate to their role. Staff confirmed that they had been provided with training to support them in their roles. Uptake of training was monitored by management in the centre. A review of training records indicated that staff were up to date with mandatory training.

The centre's complaints procedure was prominently displayed and accessible to residents and their relatives. Complaints were investigated in line with the centre's own policy. The arrangements for the review of incidents within the centre required action as the inspector found from review of record, that not all incidents were notified to the Chief Inspector as required in Regulation 31 Notification of incidents.

The annual audit schedule indicated regular audits were taking place and issues identified for improvement through the audit process were addressed. Policies and procedures in accordance with Schedule 5 of the regulations were available in the centre. A review of the policies indicated they were reviewed regularly.

The provider had effective systems to monitor the quality and safety of the service through auditing and collection of key performance indicators (KPIs) such as falls, use of restraints, infections, psychotropic medication usage, and medication errors. This information was monitored by the management team and reviewed and actioned through the centre's governance and management structures such as the monthly quality and safety meeting. Minutes of the monthly quality and safety management meetings included a review of risk with the associated action register.

There was a nominated lead for infection prevention and control in the centre. The person in charge had implemented some changes to the infection prevention and control committee to ensure that key staff were assigned areas of responsibility for aspects of infection control. The provider ensured that an up-to-date COVID-19 contingency plan was available for staff in the centre.

Residents meetings were held regularly in the centre and a review of minutes of these meetings indicated that issues raised by residents were actioned. The provider had recently surveyed residents and their relatives to seek their views on the running of the centre and the results were being collated at the time of inspection.

## Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary qualifications and experience as required in legislation.

Judgment: Compliant



## Regulation 15: Staffing

The inspector observed that there was insufficient staff to meet the social care needs of the residents, especially during the morning of the inspection where there were no activities or social stimulation available for residents.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff had access to training appropriate to their role. The training matrix was examined and mandatory training such as fire safety training, manual handling and safeguarding vulnerable adults was up-to-date for all staff. Housekeeping staff had been facilitated to attend cleaning and decontamination training specific to their role. Staff who spoke with the inspector were knowledgeable regarding residents' care needs. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents contained the information required in line with specified regulatory requirements.

Judgment: Compliant

## Regulation 21: Records

A review of a sample of personnel files found that a staff member did not have evidence of a vetting disclosure in accordance with the National Vetting Bureau Act 2012. This lack of robust recruitment did not protect the residents in the centre. The provider assured the inspector that the staff member would be taken off the rosters until this was received.

Judgment: Not compliant

## Regulation 23: Governance and management

Some of the systems in place did not support effective governance and management of the centre in relation to the following:

- Resources were not sufficient to ensure issues relating to the premises were actioned as outlined under regulation 17
- Oversight of systems in place to ensure incidents were notified to the Chief inspector and were recorded and appropriately investigated required action as outlined under Regulation 31.
- Management systems to ensure that recruitment processes and management of staff files met the requirements of the regulations required strengthening as outlined under Regulation 21.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A review of electronic records indicated that not all incidents were recorded and not all incidents as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. For example, the inspector found an example of an allegation of physical abuse, which was not notified to the Chief Inspector. The person in charge submitted these notifications following the inspection.

Judgment: Not compliant

## Regulation 34: Complaints procedure

The centre had a complaints policy that was in line with regulatory requirements. The complaints procedure was displayed in a prominent and accessible area of the centre. A review of the complaints log found that complaints were clearly documented and investigated in line with the centre's policy.

Judgment: Compliant

## Regulation 4: Written policies and procedures

All policies required under Schedule 5 of the Regulations were maintained and updated within the required time frame of three years.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents living in St. Martha's Nursing home had good access to medical and healthcare services. However some action was required in relation to premises, infection control, care planning and ensuring residents had sufficient opportunities for social engagement as outlined under the relevant regulations.

Residents had timely access to general practitioner (GP) services and to allied health and social care professionals as required or requested by residents. Systems were in place for referral to specialist services such as dietetic, speech and language and podiatry services. Tissue viability expertise was available to support the staff in the prevention and treatment of wounds. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

The inspector reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, which informed appropriate care planning. Copies of information provided when a resident was transferred out of the service to another service were kept in the centre, so it could be determined whether all relevant information was provided to the receiving facility. However, there was mixed findings in relation to care planning records and a number of actions were required in relation to assessments and care planning which are outlined under Regulation: 5. Individual assessment and care plan.

The person in charge was actively promoting a restraint free environment and there was a low level of bed rails in use in the centre. The management team monitored the use of physical and chemical restraint in the centre and discussed, implemented and reviewed the effectiveness of alternatives to restraint. Records reviewed by the inspector showed that bed rails were individually risk assessed prior to use.

In general, residents' choices and preferences were seen to be respected. The inspector saw that staff engaged with residents in a respectful and dignified way. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents' meetings were held regularly and there was a good level of attendance by residents. Issues identified during these meetings were actioned by management in the centre. Visiting was facilitated in the centre in line with national guidance. However, residents access to facilities for occupation and recreation and opportunities to participate in activities in accordance

with their interests and capacities required action as outlined under regulation 9 Residents rights.

The inspector saw that the centre was clean and there were sufficient staff on duty to ensure that rooms could be cleaned daily and that rooms were deep cleaned regularly. Equipment in use was seen to be clean. The provider had installed two clinical handwash sinks for staff that met requirements since the last inspection. However action was required in relation to infection control as outlined under regulation 27.

The inspector saw that while the courtyard was well maintained and the centre was clean and warm throughout, some findings from the previous inspection remained outstanding in relation to premises such as flooring in some bedrooms and maintenance of grouting in showers. These and other findings are outlined under Regulation 17 Premises.

The risk management policy included the regulatory, specified risks and a risk register was in place which included assessment of risks, such as risks related to residents' care and the controls in place to minimise risks of falls or absconsion.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting was observed to be unrestricted and residents could receive visitors in their private accommodation or in the sun room. The inspector met with four visitors during the inspection who were satisfied with the arrangements in place for visiting their relatives.

Judgment: Compliant

## Regulation 17: Premises

The inspector identified the following issues in relation to the maintenance of premises that required action to ensure the premises was kept in a good state of repair internally and is suitably decorated as required by the regulations.

- One resident's bathroom was missing a grab-rail
- Flooring in a number of bedrooms and some of the corridors required repair or replacement
- Staining surrounding one toilet in a resident's bathroom suggested it might have a leak.

- The inspector also observed that paintwork on furniture such as lockers, wardrobes and some bed frames in some residents rooms also required repair.

Judgment: Substantially compliant

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

Records of a resident who had been transferred to acute services contained the relevant information required as outlined in the centre's own temporary absence and discharge of residents' policy.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy in place that included the information as set out in Schedule 5 of the regulations. There was an associated risk register that set out risks and control measures in place, to mitigate the risks identified.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found the following required action to ensure that practices in the centre were consistent with the standards for the prevention and control of health care associated infections.

- Residents' toiletries were stored on the sinks in shared rooms resulting in a risk of cross contamination.
- Some surfaces, for example shower bases and furniture was worn as such did not facilitate effective cleaning.
- There was no clinical waste bin in the sluice room. This was actioned by the person in charge on the day of inspection.
- Residents with respiratory symptoms were not always tested for COVID-19 infection in line with national guidelines.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Practices in relation to prescribing, administration and review of medicines met with regulatory requirements and reflected professional guidelines. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were checked twice daily by staff. A review of a sample of residents' medicines revealed that practice was in line with the guidelines set out for nurses by An Bord Altranais on Medication Management.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

A sample of residents' care plans and assessments were reviewed and while some were updated in accordance with the regulations, they did not consistently reflect the changing needs of residents. For example, of the sample of care plans seen, two residents who were identified on assessment to have a nutritional risk, did not have their care plans updated following review by a dietitian or to reflect weight loss, therefore there was no record of the additional supports required to be put in place to support these residents. One care plan contained old information that was no longer relevant to the residents' care needs. One resident with responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) required more detail to direct care for staff. This is important to ensure that staff were informed of residents' care needs.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had timely access to medical services provided by local general practitioners who attended the centre as required. Residents' notes showed that they were reviewed by dietitian, speech and language therapist, physiotherapist and tissue viability nurse specialist when required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The inspector found that staff were up-to-date with training to support residents with responsive behaviours. Restrictive practices, were managed in the centre through ongoing initiatives to promote a restraint free environment with resultant low levels of bed rail usage. The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Actions required in relation to care planning for resident with responsive behaviours are outlined under regulation 5 Individual assessment and care plan.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector saw that residents' access to meaningful activities was limited due to the recent resignation of the activity co-ordinator in the centre. While an external musician provided live music in the afternoon, in the morning the majority of residents sat in both day rooms with television as the only source of stimulation.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for St Martha's Nursing Home OSV-0000291

Inspection ID: MON-0037020

Date of inspection: 10/11/2022

## 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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• Since the Inspection an Activities Co-Ordinator has been appointed and a schedule of meaningful individual and group activities has been developed in consultation with residents, based on their preferences.</li> <li>• The PIC will ensure that all residents are afforded an opportunity to partake and engage in meaningful activities.</li> </ul>	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> <li>• The PIC will undertake a review of personnel files to ensure that all Schedule 2 requirements are met.</li> <li>• For all newly appointed staff, the PIC will ensure that all records for personnel files are in place in accordance with Schedule 2 requirements prior to commencement of employment in the Nursing Home.</li> <li>• We can confirm that all staff employed in the nursing home have been Garda vetted.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The PIC will do daily walkabouts with the CNM and Maintenance Person, and will identify any/all repairs that are required and will develop an action plan to ensure repairs are completed.
- The Healthcare Manager attends the home on a weekly basis and will ensure that all recorded incidents are reviewed with the PIC, and where applicable are notified to the Chief Inspector within the required timeframe.
- There is a monthly management team meeting in the home which reviews all operational aspects of the home, including key performance indicators, risk management, incidents, and complaints.
- The PIC will ensure that an audit of staff files is completed to ensure compliance with Schedule 2 requirements.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- The PIC will ensure that all incidents and complaints are discussed with the Healthcare Manager during weekly meetings.
- Where it is decided that an incident or complaint needs to be notified to the Chief Inspector, the Healthcare Manager will review the draft notification on HIQA Portal prior to submission to ensure that it is an accurate and comprehensive account.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The grab rail that was missing in one resident bathroom has been replaced by Maintenance.
- There is a scheduled programme of works to replace the areas of damaged flooring in some of the corridors and resident bedrooms.
- Since the inspection, the leaking toilet has been repaired and is functioning properly.
- The PIC will conduct an audit of all furniture in the home and will liaise with the Facilities Manager to ensure that replacements are provided as necessary.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that individual resident toiletries are labelled and stored appropriately.</li> <li>• The PIC and CNM will conduct regular spot-checks to ensure continued compliance with these requirements.</li> <li>• The PIC has reviewed the condition of furniture and shower bases and will liaise with the Facilities Manager to ensure that where practicable replacements are provided.</li> <li>• A clinical waste bin was placed in sluice room immediately when highlighted during Inspection and this will remain in situ.</li> <li>• The PIC has completed a review of all residents with respiratory assistance and completed tests for Covid-19 on those residents deemed at risk by CHO IPC lead and GP.</li> </ul>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• The PIC and ADON will provide clinical oversight to ensure that all residents' assessments and care plans have been completed and are individualised and person centred. They will ensure that the assessment informs the plan of care and considers the resident's current medical, health and lifestyle status, including Behavioural &amp; Psychological Symptoms of Dementia (BPSD) or responsive behaviours.</li> <li>• If responsive behaviours are a presenting issue, an Antecedent, Behaviour &amp; Consequence (ABC) chart will be completed for 3 days to assess the patterns of responsive behaviours, identify triggers and determine appropriate de-escalation techniques.</li> <li>• Residents that are assessed as being at risk of malnutrition will be referred to the Dietician for review and recommendations will be incorporated into the care plan. Specific requirements will be shared with the Catering Manager and discussed at daily handover/safety pause and management meetings.</li> <li>• The PIC and CNM will complete regular care plan audits and will ensure that historical date is archived on EpicCare.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The PIC will ensure that a calendar of meaningful activities that are scheduled throughout is available for residents.
- An Activity Coordinator was promoted from existing staff and in consultation with residents has developed a schedule of activities in line with residents' expressed preferences.

## 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	30/11/2022
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	31/01/2023
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	Not Compliant	Orange	10/11/2022

	and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/11/2022
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	30/11/2022
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	31/01/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in	Not Compliant	Orange	12/11/2022

	charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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	30/11/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/11/2022