Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Castle Gardens Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Drumgoold, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	04 July 2023
Centre ID:	OSV-0000696
Fieldwork ID:	MON-0038703

About the designated centre

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

Castle Gardens Nursing Home is a purpose-built single-storey facility that first opened in 2008. The centre is situated on the outskirts of Enniscorthy town. The premises can accommodate 64 residents. Bedroom accommodation consists of 54 single and five twin bedrooms and all bedrooms have full en-suite facilities. There is a large kitchen adjacent to the main dining room. There is a large central day room and several other seating areas. The centre has designed a memory care unit which has 19 of the 64 beds. Appropriate communal areas are provided within this unit as well. Other facilities include an oratory, hair salon and laundry room. All are adequate in size, decorated in a domestic manner and easily identifiable for residents to find. The centre offers nursing care for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs with low, medium, high and maximum dependency. The stated objective of the centre is to ensure that the needs and wishes of residents will be fully taken into account through their involvement in making service decisions. The centre offers 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff. Two well maintained enclosed garden areas were available to residents and were freely accessible from a number of locations throughout the centre. Adequate parking is available at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 4 July 2023	09:00hrs to 18:10hrs	Catherine Furey	Lead
Tuesday 4 July 2023	09:00hrs to 18:10hrs	Mary Veale	Support

What residents told us and what inspectors observed

Based on the observations of the inspectors, and discussions with residents, staff and visitors, Castle Gardens Nursing Home was a nice place to live, where residents' rights and dignity were supported and promoted by kind and competent staff. Inspectors spoke with two visitors and eight residents living in the centre. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff.

Inspectors arrived to the centre unannounced in the morning and noted that there was a calm and homely atmosphere in the centre. Visitors who spoke with the inspector were complimentary of the care and attention received by their loved ones. Residents who could express their opinion were highly complimentary of the staff and services. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. However, these residents appeared to be content, appropriately dressed and well-groomed.

Throughout the day inspectors observed staff attending to residents personal care needs in a kind, respectful and timely manner. The inspectors observed many examples of discreet, and person-centred interventions during the inspection. Staff were observed knocking on residents' bedroom doors and awaiting a reply before entering. Residents whom the inspectors spoke with were complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. The daily menu was displayed in both dining rooms. There was a choice of two options available for the main meal. Water dispensers were available for residents and were easily accessible for residents on corridor areas.

The main reception area was a warm, welcoming area with comfortable seating for residents to enjoy. This area had been further enhanced since the previous inspection, by the installation of a small bar in the corner, a vending machine nearby, and large flat screen TV's. The bar had function beer taps, a cooler and traditional pub decorations. The person in charge outlined how these enhancements were made on foot of suggestions made by the residents at residents' meetings. Inspectors reviewed the meeting records and it was evident that the residents had proposed these changes, as they wanted a social, pub-style area to relax and watch sports on TV. The bar served non-alcoholic drinks during its opening hours, twice weekly, and this was reflected in the activities programme. Residents, where appropriate could bring their own alcoholic beverages to the bar. On the day of inspection, the bar was open in the afternoon and inspectors observed a fun, happy atmosphere. A match was playing on the TV and residents were engaged in chatter and laughter.

Residents had access to large enclosed courtyard gardens from the indoor communal areas and an outdoor space to the front of the building. The courtyards had level paving, comfortable seating, tables, and raised flower beds which were filled with bright, seasonal flowers. Residents were observed walking in the garden areas and sitting out enjoying the weather.

The centre provided a laundry service for residents. All residents' and visitors whom the inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing. The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April 2023. Residents, visitors and staff expressed their delight since the masks had been removed. Staff felt the removal of the mask mandate signaled a return to normalcy which would in turn lead to improved socialisation for residents. There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits and outings were encouraged and practical precautions were in place to manage any associated risks. Visitors were seen coming and going over the course of the inspection.

Residents' spoken to said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they enjoyed reading, listening to music and visits from family and friends. The weekly activities programme was displayed on a notice board near reception. On the day of inspection, residents were observed attending a live music event in the main day room. A number of residents from the Memory care unit said they looked forward to going to the main day room each evening to attend activities and chat with other residents. The inspectors noted that many residents had built up friendships with each other and many examples of good camaraderie was heard between residents. The inspectors observed residents walking around the centre. The centre had recently provided the residents with an on line social engagement platform to improve meaningful activities in the centre and to enhance engagement and keep residents connected with family and friends.

The next two sections of this 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

Overall, the inspector found that the actions taken by the registered provider to achieve compliance with the regulations since the previous inspection were sufficient to ensure the safety, care and welfare of the residents. The issues identified during previous inspections had been addressed and improvements were noted in all areas. Some further attention was required with regard to infection control procedures, the documentation and care planning relating to responsive behaviours, and the system of Garda Síochána (police) vetting for employees. These are discussed further in the

Quality and safety section of the report.

Following a trend of repeated non-compliance with the regulations in 2021 and 2022, the office of the Chief Inspector had attached a restrictive condition on the centre's registration aimed at improving the governance and management of the centre and improving the quality of life for residents. The restrictive condition was applied in January 2022 and required the registered provider to take all necessary action to achieve compliance with all regulations found to be non-compliant on the inspections in November 2021 and January 2022 by 31 May 2022. The registered provider had submitted an application to remove this restrictive condition in June 2022. Continued and new non-compliance was identified during the inspection on 31 August 2022 with regard to the following regulations:

- Regulation 15: Staffing
- Regulation 16: Training and staff development
- Regulation 23: Governance and management
- Regulation 29: Medicines and pharmaceutical services
- Regulation 9: Residents' rights

The registered provider committed to implementing a range of actions to ensure that the centre was well-governed and to bring the centre back into compliance. A notice of proposed decision to vary the centre's restrictive condition was issued, and the registered provider was afforded more time to come into compliance with the regulations, specifically by 31 May 2023. On this inspection, inspectors followed up on all of the items outlined in the centre's compliance plan following the previous inspection, under the relevant regulations, and found that improvements were seen in all areas, and the required actions were in progress, with the vast majority having been achieved. Of the previously non-compliant regulations outlined above, all were now found to be compliant.

The registered provider of Castle Gardens Nursing Home is Mowlam Healthcare Services Unlimited Company which has two company directors, one of whom is the Chief Executive Officer, and who represents the provider for regulatory matters. The company directors are involved in the coordination and running of the centre. The company is part of well-established, large organisation that is provider to a number of designated centres nationally. The management structure in place identified distinct lines of authority and responsibility. The person in charge was supported by a regional manager and had access to the facilities available within the Mowlam Healthcare group. The previously vacant assistant director of nursing post had been filled. This was a fully supernumerary post, which provided additional supervision and management of the day-to-day operations of the centre. The clinical nurse manager provided 15 hours of clinical supervision each week and otherwise was rostered as nursing staff.

The centre is registered to provide care for 64 residents and there were 60 residents living in the centre on the day of inspection. There are a total of ten egress beds in the centre, under contractual agreement with the acute services to provide rehabilitation, convalescence and step-down care to residents. The person in charge outlined that duration of stay for these residents varied from approximately two to

six weeks.

The person in charge demonstrated good knowledge of each resident's care and support needs. A system of regular monitoring and auditing of the service was in place. Inspectors reviewed audits of falls, wounds, restraints and nutrition. Quality improvement plans were devised from the issues identified. For example, improvements in the auditing of call bell response times was seen since the previous inspection; an in-depth analysis of the data including the timing, staff demands and location of the calls was discussed at staff meetings and at the daily safety pause in the centre. This led to greater staff awareness and as a result, a further reduction of response times was seen on re-audit. There was evidence of regular quality, safety and governance meetings, and staff meetings to ensure robust communication within the centre. An annual review of the quality and safety of care in 2022 was completed, in line with the regulations.

Inspectors reviewed the staffing rosters and, while there were two healthcare assistant posts vacant at the time of the inspection, the provider had a staffing and recruitment plan in place to ensure that staffing levels remained stable and residents care needs were met. Staffing levels were adequate on the day of the inspection and the allocation and supervision of staff ensured that residents received an appropriate level of social care, including support with activities.

Inspectors reviewed the record of staff training in the centre which indicated that a well-organised training schedule was in place for staff. Important and relevant training such as infection control, manual and people handling, medication management and dementia care was completed. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff. As identified under Regulation 8: Protection, one of these was not in place prior to the staff member commencing employment.

The registered provider had integrated the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The management team had a good understanding of their responsibility in this regard. Inspectors reviewed the records of complaints raised by residents and relatives. Details of the investigation completed, communication with the complainant and their level of satisfaction with the outcome were included. The complaints procedure was made available at the main reception notice board. Residents spoken with were aware of how and who to make a complaint to.

Regulation 15: Staffing

Staffing levels across all departments in the centre were in line with the whole time equivalent (WTE) set out in the statement of purpose. Having regard for the size and the layout fo the centre, and the individually assessed needs of the residents,

the number of staff on duty were appropriate to meet the residents' needs.

The skill-mix of staff was considered when rosters were completed, to ensure safe and effective care was provided. There was a minimum of two staff nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to training appropriate to their roles. A review of training records identified that mandatory training such as fire safety and safeguarding of vulnerable adults was up-to-date for staff. New cohorts of staff had training modules completed as soon as practicable.

Staff were appropriately supervised in their respective roles, and there was an improved system of induction in place for all staff. Staff were informed of the Health Act (2007) (as amended), and copies of the regulations and standards, and various other guidance were made available to staff.

Judgment: Compliant

Regulation 21: Records

Staff files were well-maintained and made available for inspectors to review. The sample of files reviewed contained all of the required documents set out in Schedule 2 of the regulations.

Other records, required to be maintained in the centre were in place, for example, records of medication administration and records of fire drills and fire alarm testing.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

The management team and staff demonstrated a commitment to continuous quality

improvement through a system of ongoing monitoring of the services provided to residents. There was evidence of improved analysis of incidents and accidents, and subsequent development of quality improvement plans, resulting in a lower occurrence of incidents and accidents.

The registered provider had completed an annual review of the quality and safety of care delivered to residents in 2022. This review contained feedback and collaboration with residents.

Judgment: Compliant

Regulation 30: Volunteers

There was a number of volunteers providing varied services in the centre. A file was maintained for each volunteer which included a Garda (police) vetting disclosure. The role and responsibility of the volunteer was outlined in writing, as required by the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required timelines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre.

The complaints procedure also provided details of the nominated complaints and review officers. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Overall, inspectors found that since the previous inspection, there had been further improvements in the quality and safety of care being delivered to residents. Residents were provided with plentiful opportunities for activation and social engagement and had good access to a high level of medical and nursing care,

delivered in an individualised, person-centred care which was respectful of residents' rights. Some action was required with Regulation 5: Individual assessment and care plan, Regulation 7: Managing behaviour that is challenging, Regulation 8: Protection and Regulation 27: Infection control, to fully comply with the regulations.

There was a combination of electronic and paper nursing records maintained for each resident in the centre. Validated assessment tools were used to assess physical needs, for example, risk of malnutrition, pressure ulcer development and falls. A sample of care plans viewed were sufficiently person-centred to direct staff to meet the resident's needs where the need was identified, for example, there was detailed wound care plans in place. There was evidence that care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding four months. As discussed under regulation 5 below, further improvements were required in relation to care planning associated with restraint use.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, occupational therapy, dietitian and speech and language therapists, when required. The centre had access to GP's from local practices and the inspectors observed a GP attending the centre on the day of inspection. Residents had access to a consultant geriatrician and a psychiatric team. Residents could be referred to a medical assessment unit if required. Access was available to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these. There had been vast improvements in the overall medication management processes in the centre. The centre had reviewed the storage arrangements for medications, including those requiring refrigeration, and had purchased new medication fridges to aid in correct storage. There was enhanced oversight of each nurse's competency in relation to medication, and nurses demonstrated clear understanding of their accountability in this regard.

Overall, the premises was well-maintained both internally and externally. There were systems in place to ensure that all areas of the centre continued to be maintained to a high level. Communal areas of the centre were bright and welcoming and residents were seen to enjoy these areas. The registered provider had implemented a number of infection control procedures to maintain compliance with the national standards for infection prevention and control in community health services and other national guidance. This included a schedule of daily cleaning and decontamination of all areas of the centre. Staff were seen adhering to best-practice guidance in relation to environmental cleanliness and effective hand hygiene The inspector identified a small number of issues which had the potential to impact on the effectiveness of infection prevention and control within the centre, as described under Regulation 27: Infection control.

The use of bed rails in the centre was low. There were low profile beds and falls reduction mats available to support the reduction of restrictive practices and the centre was not using any sensor safety alert devices. There was open access to the centre's internal courtyards and residents enjoyed accessing this space when the

weather allowed. The centre maintained a weekly restrictive practice log and staff had access to a local restrictive practice guideline. Improvements were required in the documentation of restrictive practice to come in line with best practice as set out in the national guidance on restrictive practice.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) in the centre. Residents' had access to psychiatry of later life. Some residents living in the centre were displaying responsive behaviours. These behaviours were well managed in the centre by a person-centred approach to care, however, improvements were required in the documentation of behavioural trigger charts. These behavioural trigger charts were regularly recorded, however the sample viewed were generalised and not resident-specific. The documentation of occasions were residents expressed behaviours that were challenging did not always identified a trigger or accurately document the occasion which would support staff to work therapeutically with residents, to manage the behaviours effectively and improve the residents' quality of life. This is discussed in more detail under Regulation 7: Managing behaviour that is challenging.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care plans. A schedule of diverse and interesting activities were available for residents. This schedule was delivered by dedicated activity staff over seven days. The inspectors reviewed the range of activities on offer to the residents and noted that these reflected residents interests' and capabilities.

There was a rights-based approach to care in this centre. Residents' rights, and choices were respected. Residents were involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to independent advocacy services. The advocacy service details and the activities planner were displayed near the reception area in the centre. Residents has access to daily national newspapers, Wi-Fi, books, televisions, and radio's. Musicians attended the centre twice weekly and residents were supported and encouraged to maintain links with their families and the wider community through visits and trips out when possible.

Regulation 11: Visits

The centre's current visiting arrangements were appropriate, and placed no unnecessary restrictions on residents.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre:

- clean equipment such as shower chairs and linen trollies were stored in the dirty utility (sluice) room. A storage solution was discussed with the person in charge during the inspection
- inspectors observed on one occasion that clinical waste was not brought directly out to the external clinical waste storage, it was instead kept on the ground in a corridor while the staff member attended to other duties
- inspectors observed that personal protective equipment was not disposed of properly on one occasion; a pair of gloves were discarded on the floor at the entrance to a resident's room
- two shower chairs had visible rust and staining
- the air vents in a number of rooms were visibly dirty. These vents were part of a routine maintenance check, but were not part of any cleaning schedule.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents. 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 carefully managed in accordance with professional guidance for nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were required to ensure that all residents had a care plan consistent with their assessed needs. In a sample viewed not all residents had a care plan in place to guide staff to meet their assessed needs. For example:

- Residents whom were assessed to require bed rails as a restrictive device did not have a care plan to guide staff on measures to provide safe nursing care

when bed rails were in use.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required in the documentation of behavioural triggers in assessment charts and measures in care plans to deescalate responsive behaviours. This would provide clearer steps for staff in managing residents with responsive behaviours in accordance with the centre's policy. Further improvements were required in the documentation of the multi- disciplinary team (MDT) review of an incident of responsive behaviour. There was a record of the staff role whom were involved in the MDT but there was no records of any reviews following incidents of responsive behaviour.

Improvements were required in the documentation of restraint use in accordance with the national policy, for example:

- The centres consent form for restrictive practice required review. A consent form viewed on the day of inspection did not include a date, the type of restrictive device in use and the risks associated with the device in use were not recorded.
- There were no individualised care plans for the use of bed rails.
- Safety checks were not completed in line with the national policy.

Further training was required for staff in the risks and safe use of bed rails as outlined in the centres restraint policy.

Judgment: Substantially compliant

Regulation 8: Protection

A review of a sample of staff files identified that one staff member had commenced employment one month prior to a Garda vetting disclosure being obtained. This was not in adherence with the centre's own recruitment, selection and vetting of staff policy, and could pose a safeguarding risk to residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities.

Residents were afforded choice in the their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre through regular residents meetings, satisfaction surveys, and from speaking with residents on the day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	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	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castle Gardens Nursing Home OSV-0000696

Inspection ID: MON-0038703

Date of inspection: 04/07/2023

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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Infection control procedures in the home have been reviewed and the following changes have been made/are planned. • All clean equipment including shower chairs and trolleys are now stored safely and appropriately in the clean utility room. • The IPC Lead and PIC will review the existing stock of shower chairs and discard those with any signs of rust; they will be replaced with new chairs. • All clinical waste is removed directly from the home to the external waste bin. • The PIC has enhanced staff awareness regarding appropriate use and storage of PPE to ensure that practice is consistent with IPC guidelines and recommendations. The IPC Lead will monitor staff compliance. • Air vents have all been checked and cleaned. The air vents are itemised, and a cleaning schedule is now in place. • The IPC Lead will review cleaning practices and will ensure that staff practices are consistent with current IPC guidelines and recommendations.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • The PIC will complete a Clinical Care Audit to assess standards of clinical documentation. The PIC will develop a quality improvement plan to address any deficits in assessment and care planning identified. All nursing staff will be informed of the areas	

where improvements are required. The PIC and ADON will monitor staff compliance with recommendations and will undertake regular checks of residents' clinical documentation.
• Nursing staff will conduct a risk assessment for any resident who may require or request a bedrail. Alternative options will be considered such as lower beds, floor mats etc. Care planning around use of bedrails will be reviewed quarterly to ensure that each restrictive device has been assessed, alternatives considered, and the resident's care plan is adequately guiding staff regarding the individual resident's safety needs.
• Safety checks, bed rail safety checks, extra low profiling bed safety checks are in place in line with National Policy.
• The PIC will undertake a Restrictive Practice audit to assess restrictive practices and devices in the home and a quality improvement plan will be developed and implemented to reduce the restrictive practices in place where possible.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The PIC and ADON have reviewed the care records of residents with responsive behaviours.
• Additional staff training in restrictive practice and the assessment of incidents of responsive behaviour has been scheduled and will include assessment of behaviours, identifying triggers that cause an escalation in responsive behaviour, learning techniques to de-escalate responsive behaviours, prevention of episodes of responsive behaviors, identifying unmet needs, communication and documentation.
• As part of the regular Clinical Care Audit, the PIC will review the use of ABC charts to ensure they are being completed and used appropriately and that they are used to inform a person-centred care plan for each individual resident.
• A post-responsive behaviour action plan has been developed to ensure all members of the multidisciplinary team are included in the review of individual residents following incidents of responsive behaviour.
• We will review the consent forms in use to ensure they are in compliance with the national guidelines on consent and the centre's policy.
• The PIC will ensure that staff record bed rail safety checks in the correct section of the electronic care record in addition to hourly safety checks. Compliance will be checked as part of the Clinical Care Audit.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• All staff commencing employment in Castle Gardens Nursing Home & Memory Care Unit have a valid Garda Vetting in place, and we will not allow any new staff to commence in post without a satisfactory Garda Clearance cert.

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 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	30/09/2023
Regulation 5(3)	The person in charge shall 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.	Substantially Compliant	Yellow	30/09/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date	Substantially Compliant	Yellow	30/09/2023

	knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/09/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	04/08/2023