



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

Issued by the Chief Inspector

Name of designated centre:	Abbey Haven Care Centre & Nursing Home
Name of provider:	Abbey Haven Care Centre & Nursing Home Limited
Address of centre:	Carrick Road, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	18 August 2022
Centre ID:	OSV-0000738
Fieldwork ID:	MON-0036853

About the designated centre

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

Abbey Haven Care Centre and Nursing Home is a purpose-built facility which can accommodate a maximum of 63 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over and it provides care to people who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care delivered by appropriately skilled professionals.

This centre is situated on the outskirts of the town of Boyle and is a short drive off the N4 Dublin to Sligo link road. It is a large modern building constructed over one floor. Bedroom accommodation consists of single and twin rooms, all with full en-suite facilities. A variety of communal accommodation is available and includes several sitting rooms, dining areas, a prayer room and visitors' room. The centre has a large safe garden area that can be accessed from several points and has features such as a fountain and raised flower beds that make it interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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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 18 August 2022	10:05hrs to 17:50hrs	Michael Dunne	Lead
Thursday 18 August 2022	10:05hrs to 17:50hrs	Nikhil Sureshkumar	Support

What residents told us and what inspectors observed

Inspector's spoke with several residents and family members who were in the centre visiting their relatives. The feedback received about the quality of care provided was positive and both residents and relatives confirmed that they were happy with the service provided. At the time of this inspection the designated centre was COVID-19 free and there were no restrictions on residents accessing all areas of the designated centre.

This was an unannounced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to implement in order to achieve compliance with the regulations arising from the inspection carried out in August 2021. Upon arrival inspectors were guided through the centre's infection prevention and control procedure which included symptom checking, the monitoring of temperature and the use of face masks.

Residents were seen to move about the centre freely throughout the day and to access communal areas inside and outside the designated centre. There were four day lounges available for residents to use and a large lobby area which was seen to be well used by residents throughout the day. There were two protected courtyard areas for residents to access which were well maintained with appropriate seating for residents to use. Resident accommodation consisted of predominately single en suite rooms however there were also a number of twin en suite rooms available in the centre.

Residents told inspector's that they were happy living in the designated centre and felt that they had a good quality of life. Inspector's observed a number resident and staff interactions and noted that staff announced their arrival to residents before entering their private space. Staff were seen to encourage and support residents engage in activities throughout the day. Inspectors observed resident art creations displayed in the communal areas and in residents' rooms.

Observations carried out by inspector's confirmed that staff were aware of resident's individual needs and were respectful during communication with residents. Some residents who had difficulties communicating their views were given time and support by staff and this allowed for a positive experience for the resident. Residents told inspectors that they felt safe in the designated centre and were aware of how they could raise a concern. Inspector's spoke with a number of staff during the inspection who confirmed that they had attended safeguarding training, staff demonstrated an awareness of how they would be able to support residents in line with the designated centre's safeguarding policy.

A review of the catering arrangements on the day found that there was a choice of meal available for the residents to choose from. Residents who required additional support with their eating and drinking accounted for a large proportion of residents living in the designated centre. Staff confirmed that there were a number of sittings

in order to accommodate the level of support required. The registered provider had arrangements in place for residents to receive regular oversight of their dietary requirements from both the dietitian and speech and language therapists.

The next two sections of the report will provide further detail in relation to the governance and management arrangements in place and on how these arrangements impact on the quality and safety of the services provided.

Capacity and capability

This was an unannounced risk inspection carried out by inspectors of social services to follow up on actions taken by the registered provider since the last inspection on 11 August 2021 in order to reach full compliance with the regulations. In addition, inspectors reviewed a number of other regulations under the themes relating to Quality and Safety and Capacity and Capability. While the registered provider had made improvements to regulations relating to staffing and training and development, there were a number of regulations where recurring non-compliance's were found. These issues are discussed in more detail under the quality and safety theme.

The registered provider for this designated centre is Abbey Haven Care Centre and Nursing Home Limited. The inspection was facilitated by a director of nursing and the person in charge who is also a director of the limited company. There was a clearly defined management structure in place that identified lines of authority and accountability.

While there were well established systems in place to monitor the quality of the services provided, inspectors were not assured that these systems were effective and used to identify poor practice and/or non-compliance with the regulations. Inspectors also found that the provider did not always follow their own policies and procedures to maintain standards in practice. Areas where actions are required to ensure compliance with the regulations are discussed in more detail under regulations 23 and 34.

On the day of the inspection there were 59 residents accommodated in the centre. Of these, 18 were assessed as maximum dependency, 16 high dependency, 12 medium dependencies and 13 assessed as low dependency.

There was an annual review of the quality and safety of care delivered to residents for 2021. This review incorporated the views of the residents and their families and included quality improvement plans and initiatives for 2022.

Inspectors found that there were sufficient numbers of staff available on the day of the inspection to meet residents' assessed needs. Inspectors noted the provider had increased the numbers of housekeeping staff available in the designated centre since the last inspection. The registered provider used their own staffing resources to

cover gaps in the roster.

Records indicated that staff were in receipt of regular training to assist and inform them in their respective roles. There was a system of induction for new starters and a period of probation where staff competencies were continually assessed. Schedule 2 records were found to be well maintained and made available for inspector's to review.

There was a complaints policy in place to assist residents and their families register a complaint should they have the need to do so. Overall these records were well maintained however not all complaints records reviewed by the inspectors included the satisfaction levels of the complainant. This was not in line with the designated centre's own policy on complaints and also not in line with regulatory requirements.

Regulation 15: Staffing

The registered provider maintained adequate staffing levels in the designated centre. A review of the staff rosters confirmed that there was an appropriate skill mix available to meet the assessed needs of the residents. This included ensuring that there was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. A review of training records confirmed that staff were up-to-date with their required training. Inspector's observed good levels of communication between clinical and operational staff throughout the day which ensured that residents needs were met and that key information was communicated between team members.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents which included all the information as set out under schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a sample of records and found that the records required under Schedules 2 and 3 of the regulations were available for the inspectors to review. The provider had ensured that all staff working in the designated centre had completed Garda vetting prior to commencing employment in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

A number of actions were required in the governance and management of the designated centre to ensure that the service provided was safe, appropriate and consistently monitored. This was evidenced by monitoring systems which did not identify areas that required improvement such as:

- Ineffective infection prevention and control practices.
- The inappropriate storage of unclean chairs in resident communal areas.
- A number of complaints did not identify the satisfaction levels of the complainant in line with the centre's own complaints policy.
- Fire drills did not contain sufficient information to ensure that current measures were effective.
- Care plans did not always reflect residents identified needs
- Untimely access to physiotherapy services in line with designated centre's own policy.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which met the regulatory requirements, however the registered provider did not always follow their own procedure as evidenced by:

- Not all complaints that were investigated indicated the satisfaction levels of the resident or those who made the complaint on the residents behalf.
- The complaints policy was located near to the reception area however the policy was not easily seen as it was obscured by items placed on the

reception counter.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures on the matters set out in Schedule 5 were reviewed at appropriate intervals and were made available to staff in the centre. At the time of the Inspection the director of nursing was in the process of reviewing and updating schedule 5 policies where required.

Judgment: Compliant

Quality and safety

Overall the residents received good care and support in the centre. However, actions were required to ensure that the service provided in the centre was safe and of a high standard.

The provider's arrangements to securely store equipment in the centre were insufficient. The inspectors found several pieces of mobility equipment being stored in day rooms and communal toilets. This arrangement posed injury risks to the residents and was unsafe. This is discussed in more detail under Regulation 17.

The oversight of infection prevention and control arrangements in the centre required improvement to meet national standards and other national guidance. For example the system to ensure that equipment was cleaned in between resident use was vague and did not provide the required assurances that effective cleaning had occurred. Despite, these deficits in the maintenance of equipment inspector's found that the centre was clean and there were no malodours present.

At the time of the inspection contractors were upgrading the emergency lighting systems and records reviewed indicated that the provider maintained equipment used in the delivery of care to residents, such as the maintenance of hoists, electric beds. All other electrical devices used in the designated centre had an electrical test to check their safety for use in December 2021.

The inspectors found that further actions were required to ensure that those residents who were at risk of falls received appropriate medical and specialist care in line with the centre's own falls management policy

Furthermore, the provider's arrangements to manage responsive behaviours (how people with dementia or other conditions may communicate or express their

physical discomfort or discomfort with their social or physical environment) in the centre required improvement to ensure that they are in line with the regulatory requirements. This is further discussed under Regulation 7.

The inspector found that the provider's arrangements for reviewing fire precautions were insufficient. While the fire drills were carried out regularly, the records maintained were not sufficiently detailed to provide assurances to the inspectors that the residents could be safely evacuated in the event of a fire. This is further discussed under Regulation 28. The registered provider sent in a fire evacuation record post inspection as agreed with inspectors. A review of this record found that the provider had made significant improvements in identifying the key issues involved in the provision of an effective evacuation of residents in a fire emergency.

There were arrangements in place to ensure that residents were informed of key events in the centre. Resident meeting minutes were comprehensive and covered key areas of service provision including information on visiting, food and nutrition, infection prevention and control, activities, fire safety, restrictive practices and access to advocacy services.

Resident bedrooms were spacious and tastefully decorated. Residents had access to televisions, radios and newspapers. There were effective arrangements in place to ensure that residents' clothing was laundered correctly and returned to them without delay.

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable storage space to store their personal items securely. There was a laundry service available seven days a week to support residents with their laundry requirements.

Judgment: Compliant

Regulation 13: End of life

The provider had made satisfactory arrangements for the care and comfort of residents when approaching the end of their life. For example, arrangements were made to prescribe anticipatory medications and to make them available in the centre to support residents when they approached end of life.

Judgment: Compliant

Regulation 17: Premises

While the premises was suitable to meet the needs of the residents living in the designated centre, inspectors found that actions were required to ensure that the premises conformed to the matters set out in Schedule 6 of the regulations. This was in regard to the lack of suitable storage space being available as evidenced by:

- Mobility chairs which were stored in a number communal days rooms. Inspectors were informed that these chairs were placed there for cleaning.
- A number of other chairs which were not suitable for resident use were located in a day room. The provider informed inspectors that these chairs had been removed at the time of the inspection.
- The number and layout of chairs in one communal room which was used for arts and crafts activities meant that the room was cluttered which had the potential to impact on residents ability to mobilise easily and safely in this area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The provider had made satisfactory arrangements to meet the dietary needs of residents in the centre. The residents were offered a choice at mealtime and were provided with adequate quantities of food and drinks. Inspector's found that there were sufficient numbers of staff available to ensure that residents who required assistance with their food and drink were in receipt of timely support.

Judgment: Compliant

Regulation 27: Infection control

The provider did not ensure that procedures consistent with the standards for prevention and control of health care associated infections were consistently implemented by staff. For example;

The management of storage of some items of equipment did not support the provision of high quality infection prevention and control practices. This was evidenced by:

- Inappropriate storage of items in a sluice room which included a zimmer frame.
- Storage of items on the floor of a store room such as alcohol hand rub dispensers which meant that the floor area could not be cleaned properly.

The provider's arrangement to clean the clinical equipment was not effective. This was evidenced by:

- Soft furnishings of several chairs were ripped and did not support effective cleaning.
- Several specialised chairs stored in communal areas were visibly dirty.
- The provider had not implemented systems to ensure that the equipment stored in the communal rooms was appropriately cleaned to a high standard between each use.
- Glucometers (used for monitoring the blood glucose levels of the resident) were not labelled to ensure that they were not shared between different residents. As a result, the current arrangements in the centre posed a risk of transmission of blood borne pathogens to the residents.

There were no hazardous waste bins available in the sluice room to ensure the safe and appropriate disposal of clinical waste in line with national guidelines.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors were not assured that adequate arrangements had been made for the evacuation of residents in the event of a fire emergency, this was evidenced by:

- Emergency evacuation drill records did not provide assurances that all residents within any compartment would be evacuated to a place of safety. The evacuation drills seen for the 13 March 2022 and 16 June 2022 did not provide information on residents evacuation needs in accordance with the residents personal emergency evacuation plan.
- The registered provider had reduced the size of a fire compartment in the centre however staff on duty were not fully aware of this change and as such would not be able to identify the nearest compartment for horizontal evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of care plan records and found that some residents did not have an appropriate care plan in place to meet their assessed needs, For example:

- Several residents did not have an appropriate, meaningful activities care plan to support their needs in line with their preferences and capacities.
- Some residents who were on psychotropic medications did not have appropriate mood and behaviour care plans to support their care needs.

The records reviewed also indicated that some residents or their relatives where appropriate were not consulted at appropriate intervals regarding their care plan reviews.

Judgment: Not compliant

Regulation 6: Health care

The inspectors found that some residents in the centre did not have access to appropriate nursing and health care in line with their care plan. For example:

- some residents who required continuous nursing assessment of their mood were not reviewed at appropriate intervals in accordance with their care plan
- Some residents were not referred to a physiotherapist following falls and reduced mobility in line with the centre's own falls management policy.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The care practices in the centre to manage responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) required improvement to ensure that the measures taken are least restrictive, and the restrictive practices in the centre were managed in line with the national guidelines.

For example: some residents' records reviewed indicated that alternatives such as non-pharmacological interventions were not trialled prior to the use of chemical restraints in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place. Inspector's found that the registered provider maintained policies and procedures to support the identification, detection and investigation of all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider provided facilities and opportunities for residents to engage in occupation and recreation. Residents were supported and encouraged to engage and participate in group and individual activities in accordance with their choice and abilities.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey Haven Care Centre & Nursing Home OSV-0000738

Inspection ID: MON-0036853

Date of inspection: 18/08/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Supervision and observational audits will be conducted to ensure compliance with Infection Prevention and Control practices. A revised schedule for cleaning equipment to ensure all equipment is cleaned and labelled with adhesive tagging system implemented.</p> <p>Residents complaints / concerns raised are promptly managed and responded to in line with regulatory requirements. We will endeavor to have complaints closed with the complainants level of satisfaction recorded where possible. All complainants are provided with details of appeals process, and are offered Sage Advocacy services.</p> <p>The fire drill template has been revised to include additional information for each resident to ensure current Personal Emergency Evacuation Plan is effective.</p> <p>All care plans are being reviewed, to re-evaluate identified needs and updated accordingly.</p> <p>Physiotherapy services are been reviewed to ensure timely access to services.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Residents’ complaints / concerns raised are promptly managed and responded to in line with regulatory requirements. We endeavor to have complaints closed with the</p>	

complainants level of satisfaction recorded when possible. All complainants are provided with details of appeals process and are offered Sage Advocacy services. The Complaints procedure is displayed in a prominent position in the reception area and is unobscured.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Specialised chairs are stored in an allocated store near the dining room when not in use. Specialised chairs have been removed from communal areas and instead been placed in allocated storage / resident's bedrooms in accordance to residents preference and safety. All chairs are routinely deep cleaned as part of a revised schedule.

Visitors chairs that had worn seating were being stacked for repair / disposal on the day of inspection as per routine maintenance. Those chairs were removed on the day of inspection.

The occupancy and layout of chairs in the communal activities room has been reviewed amongst staff and residents. A residents meeting was convened on 17/10/2022 to ascertain residents choices and opinions.

Residents stated that they do not feel their mobility is restricted in any way during activity sessions. Some residents choose to keep their mobility aids close by to mobilise at their own digression. Staff are aware of the priority for resident safety, therefore continued monitoring of access and egress is in place.

Residents have a choice of five dayrooms to utilise as they wish, and many choose the arts & craft rooms to meet with their friends for activity sessions. Resident's wishes are respected and their dignity upheld, as this is their home.

Communal rooms are supervised during activity sessions and staff assist residents where indicated.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Supervision and observational audits will be increased to ensure compliance with Infection Prevention and Control practices. The cleaning schedule for all equipment has been revised, to ensure all equipment is cleaned and labelled with adhesive tagging.

Chairs that had worn seating were being stacked for repair / disposal on the day of

inspection as per routine maintenance, and were removed on the day of inspection.

Specialised chairs are stored in an allocated store near the dining room when not in use. Specialised chairs have been removed from communal areas and instead been placed in allocated storage / resident's bedrooms, in accordance to residents preference and safety. All chairs are routinely deep cleaned as part of a revised schedule.

All staff have been alerted to proper storage of equipment in the appropriate areas. Staff have been debriefed on specific IPC measures, and a revised schedule for decontamination of clinical equipment has been implemented.

Residents requiring blood glucose monitoring have designated personal labelled glucometers.

Each Sluice room has a clinical waste bin, and an additional supply of clinical waste bins are located in the storeroom.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire drill template has been revised to include additional information for each resident to ensure current Personal Emergency Evacuation Plan is effective.

Following in house fire risk assessment by management, the largest fire compartment has been structurally subdivided to reduce evacuation times in the event of a fire emergency.

Staff have been debriefed and are aware of this sub division of compartment nine, and a fire drill using new evacuation plan has been conducted recently with night time staffing levels.

Further fire drills using the new evacuation plan will be conducted, to reinforce staff training and competency thus ensuring timely evacuation in the event of fire emergency.

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:

Resident care files are continuously being reviewed. Residents needs and preferences are identified, and meaningful activity care plans are developed to meet those changing needs.

Resident's mood and behaviour care plans are being reviewed for residents on psychotropic medications. Staff nurses have been debriefed to ensure ABC charts and PRN protocol documentation is completed, to highlight non pharmacological interventions trialed prior to use of chemical restraint.

Use of medication to support behaviour that challenge is a last resort intervention.

Residents care plan reviews will be audited for compliance and gaps identified. Where appropriate, residents or their nominated representative will be consulted in the care process. This consultation process is captured and recorded at least every four months as per Regulation 5.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: Nursing assessment of mood will be conducted in accordance with care plan and identified care needs revised in line with findings. Referrals to Psychiatry of later life are completed by General Practitioner as appropriate.

Referral for physiotherapy services have been discussed with General practitioner and appropriate referrals will be made as indicated. Private physiotherapy sessions will be scheduled following discussions with the resident or their representative where HSE physiotherapy service is not available.

Inhouse exercise programmes support residents with limited mobility and fall prevention programme.

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:

Residents' mood and behaviour care plans are being reviewed for residents on psychotropic medications.

Staff nurses have been debriefed to ensure ABC charts and PRN protocol documentation is completed, to highlight non pharmacological interventions trialed prior to use of chemical restraint.

Pharmacological interventions are a last resort in managing behaviour that challenge.
Audits will be conducted to monitor compliance.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	18/10/2022
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	31/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	31/10/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire 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.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/09/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and	Substantially Compliant	Yellow	30/09/2022

	<p>effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</p>			
Regulation 5(4)	<p>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.</p>	Not Compliant	Orange	30/11/2022
Regulation 6(1)	<p>The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with</p>	Substantially Compliant	Yellow	30/11/2022

	professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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	30/11/2022