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:	Aperee Living Tralee
Name of provider:	Aperee Living Tralee Limited
Address of centre:	Skahanagh, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	27 September 2022
Centre ID:	OSV-0000219
Fieldwork ID:	MON-0037974

About the designated centre

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

Aperee Living Tralee is a designated centre located on the outskirts of Tralee town. It is registered to accommodate a maximum of 68 residents. It is a two storey building with residents' accommodation on the ground floor. The centre is set out in four wings, namely, Beech, Oak, Torc and Dunloe; Mangerton is a unit with three single en suite bedrooms located by the main foyer. In total, bedroom accommodation comprises 50 single bedrooms and nine twin bedrooms; all with full en suite facilities of shower, toilet and wash-hand basin. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise the large foyer with comfortable seating, sitting rooms, Rose dining room, art room and oratory, and quiet visitors' room. Aperee Living Tralee provides 24-hour nursing care to both male and female adult residents whose dependency range from low to maximum care needs; active elderly residents including those residents who have a diagnosis of dementia and cognitive decline, frailty, physical and intellectual disability, psychiatry of old age, and residents with palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63

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 27 September 2022	09:30hrs to 17:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met many residents on the day of the inspection and spoke to six residents in more detail. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided.

There were 63 residents residing in Aperee Living Tralee at the time of inspection. On arrival for this unannounced inspection, the inspector were guided through the infection control assessment and procedures by the administrator, which included a signing in process, electronic temperature check, hand hygiene and face covering.

The interim person in charge was off duty on the day of inspection. An opening meeting was held with the deputy person in charge which was followed by a walk-about the centre. Even though the deputy person in charge was recently appointed and new to the service, he was known to residents and he was very familiar with their care needs.

Aperee Living Tralee was a single-storey building with an attic conversion; it was on a large mature site with an avenue entrance onto landscaped gardens to the front of the building. The ground floor accommodated all residential facilities while the upstairs was used for storage. The main entrance was wheelchair accessible and led into a reception porch with ample room for infection control paraphernalia. Double doors led into the expansive foyer with a large free-standing stone fireplace, reception desk, comfortable seating, visitors room, toilet facilities, the 'Rose' dining room and the 'Oak Bistro' day room. The main fire alarm system, registration certification, suggestion box and complaints procedure were also located here. Information available to residents and their families included the statement of purpose, inspection reports, advocacy, annual report and the complaints policy; these were all displayed at main reception along with other health-related information.

The centre was set out in four main wings namely Beech, Oak, Torc and Dunloe, each with 16 residents; the smaller wing of Mangerton comprised one twin and two single bedrooms, all of which had full en-suite facilities of shower, toilet and wash-hand basin. In total, bedroom accommodation comprised 50 single bedrooms and nine twin bedrooms, with additional specialist bath and toilet facilities located throughout the centre. Recently renovated rooms included sitting rooms, visitors' room, art room, oratory and hairdressers room. While there was orientation signage displayed throughout the building to guide residents to rooms such as the dining room and reception for example to allay confusion and disorientation, the names of each unit were occluded by the newly installed emergency evacuation signage.

The foyer was an open-plan area where some residents sat during the day. Re-decoration had commenced and the art room and area around main reception were

newly painted; on the day of inspection the painter was painting around the fireplace. Some residents said they were 'over-seeing' the project and were delighted with the 'face lift'. Throughout the day the inspector observed residents coming to reception with different requests such as making phone calls or asking about services such as the GP calling, and all these were facilitated in a social, kind and friendly manner.

The GP was on site in the morning and offered residents the flu vaccine. One resident had received the vaccine and was sitting in the recently renovated sitting room; she said she loved sitting there as it was a beautiful peaceful space and came there most morning to enjoy the quietness. Some residents liked to sit in the main foyer and enjoyed watching the comings and goings in the centre. Other residents were in the main day room discussing the budget and how it impacted them. One resident explained that she went to day services in Blenerville every week and enjoyed this very much. She also enjoyed the activities in the centre and helping with the dining room.

Morning snacks and beverages were offered to residents in communal areas and staff called to residents' bedrooms offering them refreshments. Following this, there was a baking session in the day room where the activities co-ordinator demonstrated baking and made loaves of brown bread. In the afternoon, an external activities person facilitated an exercise programme that was very well attended. This session was interactive and seen to be energising and lots of fun. The activities programme was displayed on each corridor reminding residents of the activities programme of the day.

Residents' bedrooms were personalised and decorated in accordance with their wishes. Residents were encouraged to bring in their personal furniture, pictures and memorabilia, and a number of residents had personal items such as photographs, ornaments and books in their rooms. Bedrooms had flat-screen TVs and most were wall-mounted. Residents' bedroom doors had a lovely montage of photographs which included pictures of their hobbies and interests such as their favourite TV programme, teams they supported and music they liked. Residents in single bedrooms had good access to personal storage space of double wardrobes, bedside locker with lockable storage, and some had chest of drawers. Personal storage space in twin bedrooms was upgraded since the last inspection and all residents now had access to a double wardrobe. Each residents' evacuation plan was displayed in their bedroom along with a schematic drawing showing escape routes; these were upgraded to included 'you are here' annotation. Equipment seen in bedrooms comprised low-low beds, specialist mattress and cushions for their comfort. Some soft-closure mechanism to bedroom doors was no longer effective so bedroom doors banged when closed.

There was a smoking areas to the rear of the building which were accessible via the activities room. This was a sheltered area outside the door of the activities room with seating and a fire blanket, however no call bells were available for residents who used the smoking area. The internal secure garden area was accessible through

the oratory/activities room; there was limited garden furniture for residents to sit out and enjoy the fresh air and sunshine.

The hairdressers' room was recently painted and a new large mirror decked the wall. There was another shelving unit and the ADON explained that this was a nail bar, however, there was no information advising or advertising this service to residents. The internal door within the hairdressers' room remained unpainted and unsightly and not in keeping with a salon ambiance.

Residents were seen to have their breakfast in the dining room during the morning walk-about. Menu choice was displayed in the dining room and residents were offered choice for their main meal. The inspector spoke with residents in the dining room at breakfast, lunch and tea time. The inspector chatted with one resident who had finished her breakfast cereal and had requested milk and toast. While the inspector was chatting with the resident it was noted that the remainder of the resident's breakfast was not forthcoming, so the inspector requested toast and milk for the resident. At dinner time, the inspector saw that residents were not served together at tables and some residents were finished their meal before their friends at their table were served. While meals were pleasantly presented and served in a friendly and social manner, portion sizes were small for adult serving with one small portion of potato and three or four small pieces of meat in the stew served. The inspector saw that four residents had finished their supper at 16:20hrs. One healthcare assistant was delivering supper to bedrooms at this time. While most residents requiring assistance were seen to be helped in a respectful manner, and there was sufficient staff in the dining room to provide assistance, one staff stood over a resident while providing assistance. The noise level at lunch and tea time in the dining room was not conducive to socialisation and having a chat with other residents sharing one's table.

Visitors were in and out of the centre all afternoon and the inspector observed that they were warmly welcomed and staff knew visitors and greeted them by name. Visiting was facilitated in line with current public health guidelines (September 2022), with controls in place to minimise the risk of infection.

Rooms such as sluice rooms and clinical rooms were securely maintained. Some of the premises had been re-painted since the last inspection such as the external building, radiators and some bedrooms and corridors; other parts of the premises remained in need of full redecoration for example, the protective coating on hand-rails, skirting boards and architraves. Additional protective covering was seen to be placed on many corners of corridors and bedrooms to protect the walls and paintwork from damage.

Hand hygiene gel dispensers were available throughout the centre with advisory signage demonstrating hand hygiene. House-keeping trolleys had lockable storage, and storage compartments for clothes and mop-heads. Cloths were colour-coded and housekeeping staff were knowledgeable regarding their appropriate use.

The laundry had two doors, one entry and one exit to facilitate better work-flows. The laundry had a partial room divider to separate the clean and dirty side. There

was one industrial washing machine and two domestic washers, one designated for delicate clothing and the second for floor mop head; there were two industrial dryers. The gas cut-off valves were partially obstructed due to the positioning of containers in the laundry room; this was identified on the previous inspection.

New hand-wash sinks were installed in the sluice rooms, however, the hand-wash soap and signage remained over the sluice sink. This was addressed by maintenance staff following request to move the equipment to the appropriate sink. Housekeeping rooms were seen; hand-wash sinks here did not have hand-free mechanisms. Other clinical sinks were seen to have metal outlets and some did not have hands-free mechanism. There were bedpan washers available in both sluice rooms.

There was a stairs from the front entrance lobby leading to two attics. They were observed to be used for the storage of supplies, such as personal protective equipment (PPE) and personal sanitary products. One of the attics was seen to have a considerable amount of items on shelved units.

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

Capacity and capability

Overall, this was a good service where a person-centred approach to care was promoted. Actions from the previous inspection were reviewed and the inspector found that actions were taken in relation to staff training, personal storage space for residents in twin bedrooms, some aspects of infection control such as the installation of hand-wash sinks in sluice rooms; refurbishment of the premises was ongoing. Further attention was necessary regarding regulations relating to overall governance and management of the Aperee Living group and addressing the fire safety issues identified on the last inspection and highlighted in the external fire risk assessment of October 2021, which included red and orange rated risks; remedial actions required to address these risks remained outstanding.

Aperee Living Tralee was operated by Aperee Living Tralee Limited, the registered provider. It was part of the Aperee Living group, which owned and operated a number of other nursing homes throughout the country. The current governance structure comprised the chief executive officer (CEO), chief operations officer (COO) and Aperee Living senior management team. On site the current management team comprised the interim person in charge, assistant person in charge, clinical nurse manager and care team. The regional manager attended the centre on a weekly basis and the operations manager continuously was available to the service.

The registered provider had submitted the appropriate notification advising the regulator of the absence of the person in charge and the arrangements in place during her absence.

The duty roster was examined and showed that the person in charge and ADON worked full time. The clinical nurse manager worked on alternate weekends providing managerial support. Two housekeeping staff were on duty over seven days of the week. Activities staff had increased and activities were provided over seven days a week. Staffing levels were discussed and assurances were provided that there was ongoing recruitment to ensure staff levels remained at current levels.

Staff induction and staff files required better oversight to be assured that records were maintained in line with specified regulatory requirements and that staff were supervised in accordance with their roles and responsibilities.

The residents' guide was updated recently and had the requirements specified in the regulations. The statement of purpose and safety statement were updated on inspection to reflect the current governance structure.

Complaints were recorded and the regional manager was well-versed regarding complaints made, actions taken, consulting with the complainant and following up when required. The complaints' policy was available as part of resident information displayed at reception.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience and qualifications as specified in the regulations. She was full time in post and was on leave at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels had improved since the previous inspection with the addition of housekeeping staff over weekends to two staff. Activities staff had increased and activities were now provided over seven days per week.

Judgment: Compliant

Regulation 16: Training and staff development

Notwithstanding that training was scheduled for staff, the training matrix demonstrated some gaps in fire training as follows:

- one staff commenced employment in 2018, another in 2020 and a longstanding staff member had no fire training record. Staff files were examined to see whether fire training certificates were available and not uploaded but paper-based certificates were not available either,
- staff did not have a working knowledge of the Health Act and Regulations made thereunder in accordance with their role and responsibilities,
- as induction records were not available, assurances were not provided that new staff were appropriately supervised in accordance with their role and responsibilities.

Judgment: Substantially compliant

Regulation 21: Records

Staff files showed there was a gap in the employment history of one staff file. While there were two written references that detailed the managerial position the referee held, the detail of the employer was not included so it could not be determined if there was a reference from the staff member's last employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some management systems, in particular, those associated with fire safety management and infection prevention and control, were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored.

This was evidenced by:

- the registered provider had failed to address the fire safety issues identified on the previous inspection and detailed in the external fire safety report, as many of the issues remained outstanding. These were further discussed under Regulation 28, Fire precautions
- a number of infection control issues required action as outlined under Regulation 27, Infection control.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was updated at the time of inspection to reflect the current governance structure of the service.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents and complaints, the inspector was satisfied that notifications were submitted as required by the regulations. An analysis of incidents was undertaken to mitigate recurrences and care plans were updated following incidents such as falls to enable best outcomes for residents.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider had notified the regulator of the absence of the person in charge in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints' policy was available as part of resident information displayed at reception. Complaints were comprehensively recorded in line with regulatory requirements; they were addressed in a timely manner. Issues were seen to be followed up and investigated by the regional manager to ensure thorough oversight. The outcome and whether the complainant was satisfied with the outcome, was recorded. Details of information regarding accessing the independent appeals process and the office of the ombudsman were also included. Residents were facilitated to access advocacy services as part of the complaints process seen.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider had notified the regulator of procedures and arrangements during the absence of the person in charge, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

In general, residents were supported and encouraged to have a good quality of life in Aperee Living Tralee. Their rights and independence were promoted and residents were consulted about the service.

A sample of care documentation was examined which showed that, in general, residents' care needs were appropriately assessed using validated tools and individualised care plans were put in place and implemented, in consultation with the resident. However, not all care plans had associated assessments to inform individualised care.When relevant, a smoking assessment and care plan was in place. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example. Reports following specialist assessment such as speech and language and dietician were easily accessible as part of residents notes; and these reports informed the care planning process. Medical notes had quarterly reviews by the GPs which included a review of medications to ensure best outcomes for residents. End-of-life care decisions were documented. Residents' notes included transfer information following a resident's transfer into and out of the service, to ensure the relevant information was communicated when a resident was transferred.

A medication round was observed and the nurse administering medications was knowledgeable and comprehensively reported on the medication system in place. A list was maintained for residents on antibiotic therapy along with the dose and rationale for the prescribed antibiotic. Controlled drug records and storage were examined and these were maintained in line with professional guidelines.

Some of the bedrooms were refurbished since the last inspection and there was a schedule of works to complete the refurbishment project but some remained outstanding.

Daily flushing of all taps was completed as a precaution against legionella, however, this regime was not in keeping with their legionella policy.

A monthly audit of ski evacuation sheets was completed to ensure that all beds had these and that they were appropriately placed on beds to facilitate an evacuation should the need arise. A new contract was seen to be in place to ensure that quarterly and annual testing of emergency lighting and fire safey equipment was in place. While daily fire safety checks were completed, other routine fire safety checks of weekly, monthly and six monthly checks were not completed.

Information relating to advocacy services was displayed in the dining room. Residents said they were consulted about the care and services that they received and this was observed throughout the inspection.

Overall, this inspection found that management and staff strove to ensure residents received a safe and quality service.

Regulation 10: Communication difficulties

Observation on inspection showed that staff had excellent knowledge of residents and their communication needs. Staff actively engaged with residents to promote their independence and enable them to be involved in the life and activity in the centre.

Judgment: Compliant

Regulation 11: Visits

Visitors were observed throughout the day; they were welcomed to the centre by staff and staff completed the appropriate COVID-19 safety precautions with visitors upon entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Storage for residents' personal possession in twin bedrooms was upgraded since the last inspection whereby each resident had access to a double wardrobe to store and hang their clothes.

Judgment: Compliant

Regulation 17: Premises

While refurbishment had commenced, many areas remained in need of upgrading and action:

- internal paint work
- there was very limited garden furniture available for residents to sit out and enjoy the gardens, this was a repeat finding
- some soft-closure mechanisms to bedroom doors were no longer effective so bedroom doors banged when closed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Breakfast, dinner and tea times were observed, and overall, mealtimes did not promote a social dining experience and required action to ensure meals were properly served:

- the noise level was such that residents had to raise their voices to speak with the inspector while seated at their table at lunch time
- residents seated together at dining tables were not served together in line with normal serving
- mealtimes were early as some residents were finished their tea by 16:20hrs, and the hot trolley served meals to residents in their bedrooms at 16:20hrs
- portion sizes were the same for all residents with one scoop of potato, small portion of meat (three to four small pieces of lamb stew) and a small portion of vegetables
- one resident was waiting for her breakfast but no member of staff was seen to prepare it for her.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide was available for residents and visitors and displayed at reception for ease of access. It had the requirements as specified in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Copies of information provided when a resident was transferred in or out of the service were available to ensure that relevant information was provided so the resident could receive appropriate care in accordance with their assessed needs.

Judgment: Compliant

Regulation 27: Infection control

The following infection control concerns were identified and required action:

- some clinical sinks had metal outlets and some did not have hands-free mechanism to mitigate the risk of cross infection
- there were inappropriate items stored on the floor in the housekeeping room preventing cleaning
- care staff were seen in and out of the kitchen and there was no line demarcating a zone to which they were confined in line with infection prevention guidance; staff were seen in the kitchen leaning against the plating-up banmarie
- protective coating on some architraves, skirting boards and hand-rails was worn so effective cleaning could not be ensured
- the regime in place to mitigate the risk of legionella was not in keeping with their policy regarding flushing of in-frequently used water outlets.

Judgment: Not compliant

Regulation 28: Fire precautions

While emergency exit signage was upgraded since the last inspection, other issues identified on the last inspection remained outstanding as follows:

- double and single doors of the new day room were not fitted with a device to close the door in the event of a fire
- the door within the hairdressers' room housing electrical equipment was not a fire door
- 13 doors remained outstanding to be replaced with fire doors, including the door to Mangerton wing

- large amounts of combustible items remained stored in the attic which increased the risk associated with fire
- some fire doors were maintained open by means other than appropriate hold-open devices
- while the stairway was upgraded regarding fire safety measures, fire safety remedial work to the walls and doors leading to the attic spaces remained outstanding
- fire safety register showed that weekly, monthly and six monthly routine fire safety checks were not completed
- the gas cut-off valves were obstructed due to the positioning of containers in the laundry room
- lack of a call bell to call for assistance in the smoking area
- while the provider had given a commitment to conducting fire drills to reflect the evacuation of a compartment, this had only been undertaken as part of training so assurances were not provided that all staff could safely and timely evacuate a compartment if necessary.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While most care plans and assessments were completed in line with regulatory requirements in the sample viewed, not all care plans had associated assessments to inform individualised care planning. For example, one resident had a care plan for the risk of choking, however, an associated assessment was not in place. The assessment associated with food and nutrition and dietary requirements did not detail that the resident required a modified diet as was reported in the care plan. Another resident had a care plan for visiting, however, there was no information detailed to advise the rationale for this care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care. One GP was on site during the inspection and offered residents the flu vaccine. Routine quarterly reviews by GPs included a review of their medication and assessment of residents responses to changes in prescriptions to enable best outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a meaningful activation programme over seven days per week. On the day of inspection, residents were seen to have a frank discussion on the budget and its implications for them. Later in the morning after their morning coffee there was a baking session. Some residents preferred to read the daily news paper in the day room or foyer and other remained in their bedroom. In the afternoon, an external facilitator provided an exercise programme which was seen to be highly energetic and fun. One resident explained that she went out to day services every week and really enjoyed this. Residents reported that they really enjoyed the live music sessions. Overall, staff actively engaged with residents in a social manner.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Tralee OSV-0000219

Inspection ID: MON-0037974

Date of inspection: 27/09/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff's fire training certificates will be updated in their personal files. New management in the home are familiar with the Health Act and Regulations in accordance with their role and responsibilities. All new staff receive an orientation booklet relevant to their role and are assigned a mentor in their division to provide the orientation and assist in completing the orientation booklet. The completed booklets will be stored in staff files.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The detail of the employee's past employer has been confirmed and updated on the reference form. Admin trained in the onboarding process for all new staff and required completed documents for same. New staff file checklist added to front of all staff files as a reminder of all documents required.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The matters referred to by the inspector in this section are addressed under the relevant regulations 27 & 28

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Maintenance schedule in place to address internal paining work and is on-going

All bedroom doors checked, and hinge adjustments made where required to ensure soft-closure mechanism.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
Mealtime Experience audit completed by management, findings and action plans shared with al staff members to improve the experience to include reduction of noise levels.
Mealtime experience audit has been added to our yearly audit schedule to be completed 3 monthly.
Management/Nurse oversight of mealtimes continues

Feedback from residents on the menu, portion size and mealtime experience is taken into account regularly at monthly residents meetings.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

HTM compliant sinks will be reviewed as a part of capital development works in the Home. There are plentiful sinks available in all rooms and in the corridor / entrance to the Home for hand washing. There are multiple alcohol hand rub stations throughout the Home and in every Residents bedroom

New shelfing had been placed in the housekeeping room. There are no items stored on the floor.

On the day of inspection, there was a yellow line on the kitchen floor indicating the zone in which non-kitchen staff should not pass. This line will be extended in front of the banmarie station to alert non-kitchen staff that the banmarie is in the kitchen staff zone.

All maintenance issues identified such as worn architraves, skirting boards and hand-rails will be addressed as part of the annual maintenance schedule and will be overseen by the DON.

Weekly legionella prevention monitoring is been carried out in line with our Infection Prevention and Control policy.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A door closure will be fitted to both the double and single door of the new day room.

The door housing the electrical equipment in the hairdressers room will be upgraded to FD60.

Fire doors requiring replacement will be ordered and installed.

Upgrading to the walls and doors leading to the attic space will be upgraded with fire rated construction, this will maintain the effectiveness of the attic space for storage as it will be contained within fire resisting construction.

Practices have been reviewed to ensure all fire doors will only be held open using appropriate hold open devices.

Weekly, monthly and six monthly fire safety checks shall be maintained and recorded in the Fire Register. Regular monitoring will be undertaken by the DON to ensure continued compliance.

The laundry is currently under review to ensure ease of access to gas shut of valves.

A call bell facility shall be installed in the designated smoking area. A fire drill evacuation was demonstrated internally subsequent to inspection, and will be carried out at a frequency of monthly.

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: Visiting care plan were initiated during the covid pandemic and we are working on moving same as there is currently no visiting restrictions.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2022
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Substantially Compliant	Yellow	30/10/2022
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	30/03/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is	Substantially Compliant	Yellow	30/10/2022

	provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	30/10/2022
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	30/10/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/12/2022
Regulation 23(a)	The registered provider shall ensure that the	Not Compliant	Orange	30/10/2022

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	30/10/2022
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.	Not Compliant	Orange	30/03/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/03/2023

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	28/02/2023
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	30/10/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	30/10/2022

	residents, are aware of the procedure to be followed in the case of fire.			
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	30/10/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/10/2022
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	30/10/2022