



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

## Issued by the Chief Inspector

Name of designated centre:	Thomond Lodge Nursing Home
Name of provider:	Thomond Care Services Limited
Address of centre:	Ballymahon, Longford
Type of inspection:	Unannounced
Date of inspection:	10 May 2022
Centre ID:	OSV-0000109
Fieldwork ID:	MON-0036883

## About the designated centre

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

The designated centre provides 24-hour nursing care to 48 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is purpose-built providing single ensuite bedroom facilities and a variety of communal spaces. The philosophy of care is to provide a high standard of care and welfare in a living environment that maintains residents' independence and well-being.

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

Number of residents on the date of inspection:	45
--	----

## 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 10 May 2022	09:30hrs to 20:00hrs	Leanne Crowe	Lead
Tuesday 10 May 2022	09:30hrs to 20:00hrs	Rachel Seoighthe	Support

## What residents told us and what inspectors observed

This was an unannounced inspection. On arrival, inspectors were guided through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering and temperature checks.

Following an opening meeting, inspectors walked through the centre. It was clear that residents' routines were respected as at this time of the morning, many residents were sitting in various communal areas while others were sleeping or in the process of getting up.

The centre is a single storey, purpose-built nursing home that can accommodate a maximum of 48 residents. The centre was bright and spacious, with easy access to a variety of communal rooms and secure outdoor areas. The communal rooms were homely and comfortable while the courtyards were well-kept areas with suitable seating for residents and were attractively planted and landscaped. Inspectors observed that the residents' bedrooms were nicely decorated and that the décor varied from room to room. They were personalised and most had pictures and personal items on display. To celebrate the "May Feast", a table decorated with flowers was on display in the centre's foyer.

There was a relaxed and calm atmosphere throughout the day of the inspection. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Staff used these opportunities to engage with residents and were overheard having polite and pleasant conversations with them. From these conversations and inspectors' observations, it was clear that staff knew the residents, their routines and their personal preferences.

While a schedule of activities wasn't displayed in the centre, residents in the sitting room at the front of the building were observed engaging in activities with a member of staff. These activities included listening to music and playing ball games. Some residents were observed completing some artwork throughout the day of the inspection. The management team informed the inspectors that since the previous inspection, room visits were scheduled to take place in the morning and before dinnertime. The staff member dedicated to activities on the day of the inspection confirmed that this was the case. However, inspectors queried whether these times appropriately aligned with the preferences or routines of residents who received these visits. A staff member stated that these may not be the most optimal times for some residents as they weren't always interested in engaging during these periods.

Inspectors spoke with a number of residents who expressed their satisfaction with the quality of care they received. Residents told the inspectors that they were happy with the length of time it took to have their call bell answered when seeking assistance and that staff were kind, polite and respectful. The inspectors noted staff

to be responsive and attentive without any delays with attending to residents' requests and needs. Visitors whom the inspectors spoke with were equally complimentary of the quality of care and staff. They felt that any issues or concerns they may have would be promptly addressed and resolved by the management team.

Staff followed infection control guidelines in relation to the use of PPE (personal protective equipment) and hand hygiene throughout the inspection.

Visitors were seen coming and going throughout the day of the inspection. Staff ensured that visitors were signed in and completed safety checks in line with national guidance. Residents could meet their visitors in the privacy of their bedrooms, in communal areas or in a designated visitors' room near the main reception. Visitors who spoke with the inspectors were satisfied with the visiting arrangements in place in the centre.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

## Capacity and capability

Inspectors found that poor governance arrangements were impacting on the safety of the service provided to residents. While some improvements were observed in relation to staffing resources, fire safety and care planning since the previous inspection, current systems to monitor the quality and safety of care weren't sufficiently robust to mitigate the risks identified by inspectors.

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. During the service's previous inspection in December 2021, a number of non-compliances had been identified. The compliance plan submitted by the provider to address these findings was assessed at this inspection to determine whether all actions had been effectively carried out. Inspectors found that many of these actions had been completed but some remained outstanding in relation to governance and management, assessment and care planning and fire safety. Inspectors also followed up on unsolicited information that had been received in relation to safeguarding, health care, food and nutrition. The inspectors found that this information was partially substantiated on this inspection and improvements were required in order to bring the centre into compliance with the relevant regulations.

Thomond Care Services Limited is the registered provider for Thomond Lodge Nursing Home. The company's chairperson represents the provider entity and attended the centre on the morning of the inspection. There was a clearly defined

management structure, which included the centre's person in charge, the financial administrator and a clinical nurse manager (CNM), all of whom worked in the centre on a full-time basis. The person in charge was further supported by a team of nurses, health care assistants, activity, catering, domestic and maintenance staff.

The management team had endeavoured to strengthen the governance and oversight of the service following the previous inspection. The CNM's supernumerary (supervisory) hours had been significantly increased and rosters reviewed on this inspection evidenced that these were allocated as planned. The staff member confirmed that they were using these hours to supervise staff practice and review clinical documentation. While inspectors found that some assessments and care plans had been reviewed and updated as required, the quality of some care planning documentation was poor and was not sufficiently detailed to effectively guide staff in providing care to residents. Key quality indicators were not being gathered or assessed on a regular basis. The management team explained that this information was difficult to collate as care plans were paper-based but stated that any significant issues were discussed as identified. Furthermore, with the exception of a monthly audit on residents' weight, no other operational or clinical audits had been completed since December 2021. Therefore, despite the efforts since the previous inspection, inspectors were not assured that the management team had sufficient oversight of the service or could ensure the service was safe and appropriately monitored.

A significant recruitment campaign had resulted in an additional six health care staff being hired since the previous inspection. The management team advised inspectors that this had provided stability to the staff team and ensured that any planned or unplanned leave could now be effectively covered. Inspectors observed that the staffing complement on duty on the day of the inspection met the needs of the residents, with residents being attended to in a prompt manner.

A training programme was in place for staff. Training records indicated that staff had completed up-to-date training in moving and handling practices and safeguarding. Upcoming training scheduled to take place in the weeks following the inspection included restrictive practices, falls management, moving and handling practices, fire safety and environmental hygiene.

### Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

While a training programme was in place for staff, some staff required initial or refresher training in fire safety and the management of responsive behaviours, in order to meet residents' needs.

Care plans reviewed on the inspection indicated that planned advance life support would be delivered, if required. However, there weren't sufficient numbers of staff with up-to-date training in cardiopulmonary resuscitation (CPR) to ensure this care could be provided at all times.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Inspectors were not assured that the service was being effectively monitored:

- The risk management systems in the centre did not identify some issues that posed a risk to resident safety and wellbeing. For example, inspectors observed poor management of sharps. Razors were stored on trolleys that were easily accessible, which had the potential to cause injury to staff and residents
- There was poor oversight of nursing documentation. A sample of care plans were reviewed on this inspection. While it was clear that some care plans had been reviewed and updated since the previous inspection, issues remained in relation to the quality of assessment and care planning documentation
- There was no evidence of audits being completed since the previous inspection, with the exception of an audit of resident weight loss
- In addition, due to the paper-based nature of the care planning documentation, information on key clinical areas could only be collated manually and therefore was not occurring regularly
- Infrequent meetings occurred amongst the management team, with evidence of one meeting occurring this year to date. Therefore inspectors could not ensure that key information was being discussed or reviewed on a regular basis.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Inspectors found that not all notifiable events had been submitted to the Chief Inspector as required by the regulations.



Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints procedure in place, that was in line with regulatory requirements. Records had been maintained in relation to the management of and response to complaints. A copy of the centre's policy was clearly displayed in the reception area of the building.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Inspectors identified the following issues in relation to the review of policies and dissemination of policies to staff:

- Seven of the written policies required by Schedule 5 of the regulations had not been reviewed within the last 3 years, with three of these policies requiring a review since 2020
- Three different policies relating to visiting procedures were included within the policy folder, but none of these reflected the most current public health guidelines (Health Protection Surveillance Centre, COVID-19 Guidance on visits to Long Term Residential Care Facilities)
- Signatures from staff indicating that they had reviewed these policies had last been recorded in 2013
- An update to the centre's fire safety policy by an external service provider was not yet complete, despite a completion date of February 2022 being submitted in the provider's compliance plan response.

Judgment: Not compliant

### Quality and safety

Many residents in this centre received a good standard of service. Residents were mostly happy with the care and services provided in this centre and gave positive feedback about the staff and management team. However, the inspectors found that improvements were required to ensure that the quality and safety of care delivered to residents was consistently managed. In particular, care planning, health care, infection prevention and control, fire safety and activity provision all required

action to ensure best possible outcomes for residents.

The centre was provided with fire fighting equipment and fire detection and alarm systems, included emergency lighting, that provided the appropriate fire alarm coverage. The service records for these systems were up to date. The fire register for the centre included in-house maintenance checks. These were completed and up to date. Since the last inspection, the provider carried out upgrade works in relation to fire safety. Self-closing devices had been installed on all bedroom doors and existing devices on doors for some communal areas had been replaced. On the day of the inspection, a small number of these devices were due to be installed on the remaining doors in the days following the inspection. The centre's fire safety policy was in the process of being reviewed to ensure it reflected the premises and systems in place. Fire safety training had taken place to capture a portion of the staff who required refresher training, with further sessions scheduled for the end of May for any outstanding staff. A small number of drills had occurred as part of fire training sessions in January, which practiced the evacuation of one bedroom. However, the management team could not provide assurances that the centre's largest fire compartment could be safely evacuated in the event of an emergency.

Staff were found to be knowledgeable regarding residents' care needs. While some improvement was noted in relation to some care plans since the previous inspection, the care plans needed further development to ensure that they were informed by up-to-date assessments and contained appropriate and comprehensive information to guide nursing and care staff. This is further discussed under regulation 5.

There were adequate facilities available to deliver activities to residents. These facilities included a communal sitting room and a variety of equipment. While staff worked hard to provide activities for residents, inspectors noted that further planning and structure was needed to ensure that residents' choice and preferences regarding activities were met. The person in charge informed inspectors that further training regarding activities was planned with designated staff in order to achieve this.

Inspectors observed that while there was a cleaning schedule in place, it did not include the laundry room. Inspectors found this room to be dirty in areas and the sluice room, which was accessed through the laundry was very cluttered. This prevented staff from easily accessing the bedpan washer with soiled equipment. The management team confirmed that staff were instructed to clean and decontaminate equipment between use and again at night time. However, infection prevention and control practices in the centre required review to ensure that they were in line with the national standards. This is discussed under Regulation 27.

## Regulation 11: Visits

Visiting within the centre was being facilitated and inspectors saw a number of residents receiving visitors in their bedrooms or in communal rooms.

Judgment: Compliant

### Regulation 27: Infection control

While some issues in relation to infection prevention and control had been addressed since the previous inspection, action was required in the following areas to ensure compliance with regulation 27:

- As discussed under regulation 23, governance and management, audits in environmental hygiene or infection prevention and control had not been completed since the previous inspection
- The laundry room was not clean and did not form part of the cleaning schedule
- The sluice room was cluttered, which prevented the bedpan washer from being easily accessed and increased the risk of cross contamination
- Storage rooms for linen or other equipment were relatively tidy, but boxes and other items were placed on the floor of each of these rooms, preventing them from being appropriately cleaned
- No handwash basin or alcohol hand gel dispenser was located in the hairdressing room
- While residents had individual hoist slings, these were being stored together in a storage room and were found to be overlapping, which increased the risk of cross-contamination
- The surfaces of some equipment or items were damaged and therefore could not be appropriately cleaned. For example, rust was visible on metal panels under several sinks throughout the building, varnish had been worn off many wooden handrails on corridors and the cushion of a hairdressing was torn, exposing the porous interior filling.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Some actions from the previous inspection had been addressed. However, the inspectors noted that, according to records, only one fire drill had been carried out since the previous inspection, with four staff simulating the evacuation of one bedroom. Therefore it could not be demonstrated that residents could be safely evacuated in a timely manner.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans and found that they did not meet the requirements under regulation 5. For example:

- Some assessments and care plans were not reviewed at a minimum of every four months, as required
- Assessments in relation to wound care had not been completed
- Care plans were not always developed in response to assessments that identified a care need. For example, a resident assessed as being at high risk of falls in April 2022 did not have a corresponding care plan in place
- Care plans did not set out all of the interventions required to effectively guide and direct residents' care, for example, in relation to personal hygiene, wound care or the management of responsive behaviours
- Multiple care plans had been developed in relation to the same care need for one resident, outlining conflicting interventions.

Judgment: Not compliant

## Regulation 6: Health care

Inspectors were not assured that residents had access to additional professional expertise where required or that evidenced-based care was consistently provided to residents in line with allied health care recommendations.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

The use of restraint in the centre was kept to a minimum, with a small number of residents using bedrails or other physical restraints at the time of the inspection.

While residents who expressed responsive behaviours were supported by staff, the care planning documentation in relation to this care was not consistent in terms of detail or the interventions to be provided. An action relating to this is under regulation 5, individual assessment and care planning.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to ensure that any incidents or allegations of abuse were appropriately investigated. Staff were trained in the safeguarding of residents.

Judgment: Compliant

## Regulation 9: Residents' rights

The centre had dedicated staff responsible for the provision of activities. However, inspectors' observations and feedback from residents on the day of the inspection did not assure inspectors that residents were provided with sufficient opportunities to participate in activities that were in line with their interests and capacities. Records demonstrating residents' engagement in activities were also unavailable on the day of the inspection.

CCTV was in operation in the residents' smoking room. As this was an area where residents could expect privacy, inspectors were not satisfied that residents were aware that this monitoring was occurring, in line with the centre's own policy. The management team agreed to display prominent signage informing residents of the use of CCTV near the entrance to the room.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Thomond Lodge Nursing Home OSV-0000109

Inspection ID: MON-0036883

Date of inspection: 10/05/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Eight staff attended responsive behaviours training which had been scheduled for the 12th May. Further courses will be scheduled to take in any new staff or those requiring refresher training. Fire training is scheduled for June and July to take in all new staff and those who require refresher training along with all other in-house training which is ongoing.</p> <p>Refresher course in CPR training has been scheduled for June and July to take in nurses and healthcare assistants. Qualified nursing staff are on duty at all time to administer CPR and competent in the use of the defibrillator.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>. All disposable razors are now stored in sealed boxes to reduce the risk of injury to resident and staff.</li> <li>. Greater attention will now be given to all aspects of auditing and paperwork, now that we have a full complement of staff and attention is not consumed with recruitment and induction of staff.</li> <li>. We look forward to the instillation of EpicCare which will in turn lead to a more efficient</li> </ul>	



and timely manner for the collation of information to carry out audits on a quarterly basis. We have been given an instillation date of 11th July and with the number of staff who are already familiar with the system having come from other nursing homes using the system hope that all staff will be competent in the use of the system and able to generate reports by end of August 2022.

During this transition we will ensure that paper based audits are carried out as per our revised audit schedule which will ensure that there is a structure in place to advice staff and give guidance on what audits are to be carried out and when. These audits will then be discussed at our management meetings which will ensure that they are being carried out. Each month's audit schedule is to be signed off on to indicate they have been completed. This will automatically be flagged once we have EpicCare in place.

. Management meetings were carried out on 11th January, 1st February and 8th April. We have now planned to have bi-monthly management meetings. Taking in a senior member from each department of staff who in turn will relay information back to their departments, this will ensure that key information is being discussed and carried back to relevant departments.

Regulation 31: Notification of incidents	Substantially Compliant
--	-------------------------

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

. All notifications will be submitted within the 3 day time frame going forward.

Regulation 4: Written policies and procedures	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

. All policies have been reviewed and dated including those required under schedule 5.

.Visiting policy reflecting the most up to date guidance is now in place. All previous visiting policies have been removed.

. Up to date signatures of all staff have now been recorded in the policy folder indicating that they have reviewed policies.

. Updated Fire safety policy is now in place.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

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

- . Infection prevention and control measures will be reviewed in conjunction with audits. Greater attention will be paid to the laundry area. Greater attention will be put into environmental audits which will help to identify areas requiring improvement.
- . Laundry room has been thoroughly cleaned to remove all excess clutter and allow easy access to the sluice room. Laundry room now forms part of the cleaning schedule.
- . Storage rooms have been reorganized to ensure that floor space is kept free and easily accessed for cleaning.
- . All slings will now be hung in residents own rooms.
- . Hand sanitizing unit has been installed in the hairdressers, with a plan to install a hand basin also. Repair to seat in hairdressers has been carried out.
- . Varnishing to all handrails is again to be completed in the coming weeks.
- . Rust under sinks will also be addressed and repaired.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- . Our Fire training records show a full compartment evacuation of 8 bedrooms on the 11th January and 18th February which was carried out in conjunction with our fire trainer. 8 bedrooms is our largest fire compartment. A further compartmental drill was carried out 26th May post inspection. Further compartmental evacuations to be carried out in June and July as part of three further fire training sessions scheduled to allow all staff to be competent in compartmental evacuations. Further inhouse compartmental fire drills will also be carried out on an ongoing basis.

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>. Care plans to be reviewed at a minimum of every four months as required this will be ensured by auditing of same quarterly.</li> <li>. All audits are carried out as per our revised audit schedule which will ensure that there is a structure in place to advice staff and give guidance on what audits are to be carried out and when. These audits will then be discussed at our management meetings which will ensure that they are being carried out.</li> <li>. Training in care planning for the older person and holistic care planning using EpicCare via HSEland will be scheduled for all nursing staff during July and August, to enhance their knowledge of writing and developing care plans.</li> <li>. A full review of all assessments to correspond with care plans will be carried out and implemented in line with the new EpicCare system which is currently being introduced to Thomond Lodge. These will be audited on quarterly basis to ensure all plans are up to date and that only relevant care plans are in place, that will give straightforward guidance to direct residents care.</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Currently we have access to our GP's by weekly visits to the home and access daily as and when required. We have access to out of hours GP service vis Midoc.</p> <p>We have access to SALT, TVN, Physiotherapy, Podiatry on a private basis. Physiotherapy is provided weekly, Podiatry every 10 weeks and SALT and TVN services are currently provided to our residents based on their ongoing assess care needs. There is a referral process in place for these services.</p> <p>OT services are generally provided by the HSE, in the event that this service is not easily accessible we seek assistance of private OT supports. In the event of any of the above not being available we discuss and risk access in conjunction with the family and residents the impact of the lack of these services being available and continue to endeavor to resource same.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p data-bbox="172 241 1430 434">Outline how you are going to come into compliance with Regulation 9: Residents' rights: Activities will be posted daily on our activities board to give guidance to all staff and inform residents of the proposed daily activities. Further training for activities coordinators to be scheduled. Records of resident partaking in meaningful activities are maintained daily.</p> <p data-bbox="172 474 1445 703">Our lead activities coordinator now schedules the weeks activities which gives guidance to all other activities' coordinators. This schedule is compiled in conjunction with resident meetings where residents discuss their preferences in relation to which activities they enjoy most and would prefer to partake in more of. As well as morning visits to individual residents, we have now scheduled protected time for activities coordinators from four to five 5pm to provide meaningful activities to those who spend time in their rooms.</p> <p data-bbox="172 743 1091 779">CCTV signage is now in place on the doors to the smoking room.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	27/07/2022
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.	Not Compliant	Orange	30/08/2022
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	Substantially Compliant	Yellow	30/07/2022

	staff.			
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, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	27/07/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	10/06/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	10/06/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in	Substantially Compliant	Yellow	10/06/2022

	paragraph (1) available to staff.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	10/06/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/08/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/08/2022
Regulation 6(1)	The registered provider shall, having regard to	Substantially Compliant	Yellow	10/06/2022

	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 professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	10/06/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	10/06/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake	Substantially Compliant	Yellow	10/06/2022



	personal activities in private.			
--	------------------------------------	--	--	--