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:	Elm Green Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	New Dunsink Lane, Castleknock, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	30 January 2025
Centre ID:	OSV-0000133
Fieldwork ID:	MON-0045220

About the designated centre

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

Elm Green Nursing Home is located in Dublin 15 and is located in its own grounds. The centre is a two-storey purpose-built building and has 120 single bedrooms all with full en-suite shower rooms. Floors can be accessed by stairs and passenger lifts. Admission takes place following a detailed pre-admission assessment. Full-time long-term general nursing care is provided for adults over 18 years, including dementia care, physical disability and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	119

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
Thursday 30 January 2025	09:10hrs to 18:10hrs	Aislinn Kenny	Lead
Thursday 30 January 2025	09:10hrs to 18:10hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

From the observations of inspectors and from speaking with residents and their families, it was evident that this was a centre where residents were supported by kind and dedicated staff. The feedback from residents was that they were generally happy living in the centre.

The inspectors observed that the registered provider had made some positive changes in response to the previous inspection to improve facilities and the delivery of services. However, this inspection found some concerns in respect of fire safety risks, including obstructed means of escape and fire doors wedged open, which required an immediate action by the provider as outlined under Regulation 28: Fire precautions. The inspectors were assured that immediate risks were addressed before the end of the inspection, and these will be discussed further in the report.

Following an introductory meeting with the person in charge inspectors walked around the building. The centre was a large building laid out over two storeys and was divided into two units on each floor, Oak and Laurel. A large reception area, kitchen and dining room were on the ground floor alongside staff areas, smoking room, visitors room, hairdressing room and prayer room. Residents' bedrooms were located on both floors and communal lounges, dining areas and a library room were located throughout the centre. There were two courtyards and a garden accessible from the ground floor. Inspectors saw there were some old features such as plant boxes within the courtyards that required updating. On the first floor a roof garden was available for residents with raised planting beds and artificial grass. The residents' smoking area was located also in this area and residents were observed using this during the day. Inspectors observed there was no call-bell in this area to enable residents to call for assistance if required. All floors were accessed using the passenger lift available from the ground floor. The centre was generally clean, however there were areas that required attention under Regulation 17: Premises and Regulation 27: Infection control as outlined under the relevant regulations.

Residents told inspectors that their call-bells were answered quite quickly and this was also observed by inspectors while walking around the centre. The residents commented that the staff were always lovely to them, describing them as extremely kind and hardworking. Flooring was being replaced in the Laurel unit, residents were observed in the day room and dining room and staff were always present in these areas. The staff appeared to be very familiar with the residents and were respectful in their interactions.

During the walk around of the centre inspectors observed that residents' records were being held in several nurses stations which were located in an open area of the communal areas. These documents were stored in an unsecured manner and this was observed in all areas despite the availability of lockable storage in two

dedicated areas, one of which was seen to be broken.The staff spoken with did not know where the key for the locker was located.

There was work ongoing in the centre to replace the flooring in some resident areas and corridors. This was taking place on the day of the inspection. The premises was mostly maintained however, wear and tear was observed in some areas of the centre and further improvement was required to ensure it was kept in a good state of repair as outlined under Regulation 17: Premises. Inspectors also observed a number of areas that were used for the running of the designated centre such as offices, which were not registered and were required to be registered as part of the designated centre.

Inspectors observed the dining experience and overall, residents said that they had a good choice of food available to them. Residents were also able to choose where they wanted to eat, some preferred the dining room and others preferred to eat in their bedrooms. The dining experience in the main dining area required review as inspectors saw that the area was busy with lots of staff coming and going and walking around the tables where residents were eating. The atmosphere was loud with staff talking amongst each other and residents were brought back to their rooms through the dining area while other residents were still eating. While there was enough staff available to provide support and assistance for the residents, inspectors saw that staff in some areas did not sit beside the resident or engage in meaningful conversation while assisting the resident. This did not provide for a dignified, person-centred experience for the residents.

Residents were observed throughout the day relaxing in their bedrooms, watching television and engaging in activities such as ballgames and exercises. There was an activities schedule on display and residents spoken with were enjoying the activities on the day.

Residents said that their clothes were regularly laundered and returned to their rooms and that they did not have any complaints about the laundry service.

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

Capacity and capability

Overall, there was a clearly defined management structure in place, with identified lines of authority and accountability. This inspection found that action was required

by the provider to ensure that the management oversight systems in place were effective in bringing the designated centre into compliance with the regulations.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended) and review the application to renew registration of the centre for a further three years.

The registered provider was Costern Unlimited Company, which forms part of the Trinity Care Group. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a clinical operations manager who was present on the day of inspection. The person in charge was responsible for the local day-to-day operations in the centre and was supported in their role by the assistant director of nursing (ADON), clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff. There were systems in place to ensure oversight of the centre however, some of these required strengthening to ensure the effective and safe delivery of care in accordance with the centre's statement of purpose.

Residents' records containing personal information were observed in communal areas throughout the centre and were not stored in a safe and secure manner. Archived documents relating to residents were being stored in two separate areas that were unregistered and therefore were not available to inspectors on the day of the inspection.

Inspectors found there was sufficient staffing on the day of the inspection to meet the needs of the residents. Staff were observed to assist residents in a timely manner and were knowledgeable of their preferences. Garda vetting was in place for a sample of staff files reviewed. This was a large centre which required ongoing maintenance and some areas for improvement were found on inspection in this area. There was one maintenance person working at the time of the inspection with support from a maintenance manager from within the group. Significant strengthening of maintenance arrangements and further oversight from the management team was required to ensure there was appropriate maintenance in place.

A review of training records for staff showed staff were up-to-date with training and there was a schedule in place for refresher training.

There was a complaints procedure on display and the registered provider had a policy in place for dealing with complaints. From a review of complaints received, while they were responded to promptly by the complaints officer, not all complaints were seen to follow the provider's own policy in line with regulatory requirements. This is outlined further under the relevant regulation.

Registration Regulation 4: Application for registration or renewal of registration

The supporting documentation submitted with the application for the renewal of the registration did not include a number of areas used for the operation of the designated centre.

Areas not listed on the registered floor plans and statement of purpose which required review, included:

- The generator area located on the grounds of the centre
- External storage and maintenance units outside the kitchen
- Bin shed
- Housekeeping office and Human resources (HR) and Administration office
- File archive room

Judgment: Substantially compliant

Regulation 15: Staffing

On the day of inspection there were adequate levels of staff members on duty for the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. Staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

Regulation 21: Records

Records to be kept in the designated centre in respect of each resident were in place for the current residents. However, records for the residents who had ceased

to reside in the centre were not maintained within the centre for a period of 7 years. This resulted in some Schedule 3 records not being readily available for inspection as they were not kept in the designated centre and were being stored in external and internal areas that were not registered as part of the designated centre.

Residents' records were not stored in a safe and secure manner at all times. Current residents' personal records were observed by inspectors left in communal areas in an unsecured manner in various nurses stations throughout the centre.

Judgment: Not compliant

Regulation 23: Governance and management

Notwithstanding the good governance and management arrangements in place to oversee the clinical aspects of the service, improvements to the management systems in place were required to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Areas where further oversight was required included:

- The management systems to ensure adequate precautions against the risk of fire were not sufficient. For example, immediate action was required to clear some fire exits of furniture and remove items including door wedges that held fire doors open this action was completed by the end of inspection
- The management of records required review to ensure there were secure areas to store residents' records and documents.
- The management systems for ensuring appropriate maintenance of the premises required strengthening.
- Management systems of oversight did not identify that not all notifiable incidents had been appropriately notified to the Office of the Chief Inspector of Social Services. For example, two safeguarding concerns received via the complaints route had not been notified. Inspectors were assured however, that they had been appropriately investigated and responded to.

The systems for oversight of the quality of care provided to residents required some improvement to ensure that each resident's needs were met at all times. For example;

The dining experience observed for some residents on the day of inspection required review. While there were adequate staffing levels to meet the needs of residents at meal times, some staff were observed standing over residents and not engaging in general conversation with the resident. The main dining room was noisy and chaotic, as it was used as a thoroughfare for staff, diminishing the dining experience.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

There were two incidents relating to the care of residents and received via the complaints procedure that had not been identified as a safeguarding concern and were not notified to the Office of the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

- A sample of complaints reviewed by inspectors showed that the complainant was not always signposted to the Office of the Ombudsman as required and as per the provider's complaints policy.
- The provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process was not always provided to the complainant.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents felt safe and were supported and encouraged to have a good quality of life in the centre. However, improvements were required in some areas, specifically in respect of residents' rights, food and nutrition, infection control and fire precautions to ensure that the care provided was safe and appropriate at all times.

Inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Overall, individual assessments and care plans were person-centred and there was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals. From the sample reviewed a resident did not have the appropriate information under their responsive behaviours care plan (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However that information was recorded under their communication care plan.

It was observed that through ongoing comprehensive assessment, resident's health and well being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out of hours.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

Residents' rights and choice was mostly promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. The centre had access to a minibus, however at the time of the inspection there was no one available to drive it. Inspectors found the privacy of residents was not consistently protected at all times as outlined further under Regulation 9: Resident's rights.

Overall, there was good adherence to the *National Standards for infection prevention and control (IPC) in community services (2018).* However, further action was required to be fully compliant with the regulation and will be discussed further under Regulation 27: Infection, prevention and control.

Suitable fire systems and fire safety equipment were provided throughout the centre. There was evidence of staff fire training and fire drills occurring at regular intervals to maintain staff competency in safe evacuation of all residents in the event of fire. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation. However, action

was required to ensure that the premises was safe in respect of fire precautions, and will be discussed further under Regulation 28: Fire precautions.

Regulation 17: Premises

Some areas of the centre required improvement to ensure that they were in line with the Schedule 6 of the Regulations:

- The premises were not well-maintained internally and externally. For example, ceiling tiles were missing in some areas of the centre and required replacing; there was significant rust observed on heating pipes in a storage area in Ground Laurel and charring was observed on a wooden area behind heating pipes in First Oak.
- Not all areas used by residents were fitted with an emergency call-bell. There was no call-bell in the residents smoking area on First Laurel
- Ventilation in the centre required review in some areas such as the residents' toilet on First Oak and Kitchenette in Ground Oak.
- A thumb lock was installed on a store room which contained pipes and water pumps and which could be accessed by residents in the First Oak dementia unit.
- Residents did not have access to all sanitary facilities as registered. Both Hydro baths were out of order on the day of the inspection, they had not been working for one week; this had been identified by the registered provider and was scheduled for upcoming maintenance from a contractor.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that improvements were necessary to ensure that infection prevention and control practices in the centre reflected the *National Standards for infection prevention and control in community services (2018).* For example;

- The hairdressing room was visibly dirty and required a deep clean.
- Single use dressings observed to be open and partly used. They were stored with un-opened products, which could result in them being re-used and posed a risk of cross-contamination.
- Some staff were not aware of the single-use sign that is used for one single resident and one procedure only, which reduces the risk of cross-contamination.
- Some items of furniture or equipment required repair or replacement as there were breaks in the integrity of the surfaces, which did not facilitate effective cleaning and decontamination. For example, a chair in a communal area was worn exposing inner surface layers preventing it from being cleaned properly . The surface of a sink in the house- keeping room appeared corroded, not allowing effective cleaning and protect residents from preventable health care-associated infections. A press in the communication room appeared water damaged with mould and rust visible. Rust was observed on some equipment including shelving in house-keeping room.
- Deep cleaning was required in two kitchenettes, on Ground Laurel and First Laurel.
- Boxes were being stored on the floor of the continence wear storage room which meant the floor could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure that adequate arrangements were in place for containing fires, for example:

- Two fire exits in the communal room on the ground floor had items of furniture blocking the exit path in the event of an evacuation. Obstructions on the exit routes can pose significant obstacles and delays to evacuation in the event of a fire. Inspectors issued an immediate action and these items were removed on the day of inspection.
- Several rooms in the centre including the communication room had service penetrations in the ceiling which were not fire sealed. This would allow fire smoke and fumes to cross compartment lines in the event of a fire.
- Inspectors were not assured of containment measures in place within the plant room. The ceiling was not complete and the insulation was exposed. This was a high risk area and could cause fire, smoke and fumes to spread within the spaces.

- Attic hatches were visible in ground Laurel extension and inspectors were informed that they were access points to service pipes between floors. Inspectors were not assured regarding compartmentation requirements which may lead to fire, smoke or fumes spreading across compartmentation boundaries.
- There was a lack of clarity in respect of the means of escape. Signage in an area of the ground floor was directing to an area within an an enclosed courtyard with no further signage indicating the exit. This was removed on the day of the inspection.
- Door closure devices on some fire doors required review. For example, closers were not effective on some doors, leading to inappropriate practices such as the use of furniture or wedges to hold the fire door open. These items were removed before the end of the inspection. There is a risk that in the event of a fire, the fire doors would not close to effectively restrict the spread of fire and smoke in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Of the sample of care plans reviewed, all were developed using validated risk assessment tools. Care plans were person-centred and were reviewed at a minimum of a four-monthly basis and when the residents' needs and wishes changed.

Judgment: Compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services and inspectors saw evidence that a variety of these practitioners were involved in caring for the residents.

Judgment: Compliant

Regulation 8: Protection

Inspectors reviewed a sample of new staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

The registered provider was pension-agent for eight residents and a separate client account was in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' right to privacy was not always upheld. For example:

Closed-circuit television (CCTV) in use in communal rooms used by residents did not ensure the privacy of residents. The policy in place stated that this may be turned off in communal rooms as requested, however there was no signage in place to remind residents and visitors of this option.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Elm Green Nursing Home OSV-0000133

Inspection ID: MON-0045220

Date of inspection: 30/01/2025

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**
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The statement of purpose and floor plan of the building has been amended to include • The generator area located on the grounds of the center • External storage and maintenance units outside the kitchen • Bin shed The management revised the structure and moved the housekeeping office and Human resources (HR) and Administration office to within existing office in the registered areas of the nursing home. The documents from the file archive room and external storage have been incorporated in the filing room in First Laurel unit in the nursing home.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The documents from the file archive room and external storage have been incorporated in the filing room in First Laurel unit in the nursing home and is available for inspection. The storage of current residents' personal records in the units is under review with plans for nurses' station to be moved out of the day room in all units with appropriate storage facility. This is approved in the Capex for 2025, to be completed by June 2025. As an	

interim measure, all staff are educated to keep all documents in the current storage shelves in the nurses and carers station, secure and safe. The management reiterates this to all staff daily and observe this practice in all units daily.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The management met with all staff following the inspection and reiterated the importance of keeping all fire doors and exits free from any obstacles. It is reiterated to all staff not to wedge the fire doors open. This is monitored daily by the management.
The storage of current residents' personal records in the units is under review with plans for nurses' station to be moved out of the day room in all units with appropriate storage facility. This is approved in the Capex for 2025, to be completed by June 2025. As an interim measure, all staff are educated to keep all documents on the current storage shelves in the nurses and carers station, secure and safe. The management reiterate this to all staff daily and observe this practice in all units daily now.
The maintenance of the center is being reviewed by the PIC, RPR and the maintenance manager for Trinity Care. A new maintenance personnel have been recruited and due to commence on 30/03/25. In the meantime, the center is supported by maintenance staff from within the group to ensure ongoing continuity. The Maintenance Manager and Assistant Maintenance Manager of Trinity Care oversee the work required in the home.

The 2 safeguarding concerns identified at the inspection, which had been dealt with as a complaint, were submitted retrospectively to the authority.

Following the inspection, the management met with the staff members and reiterated the importance of providing good dining experience to the residents in all dining rooms. The staff are reminded to be seated while assisting the residents and interacting with the residents.
The Ground Laurel dining room practices were reviewed with the kitchen team and the other unit staff to ensure that there are no distractions to the residents during dining time. The staff meals are now provided only after the residents have finished their meals. The serving counter in the main kitchen is kept closed after the residents are served meals, to reduce the noise from the kitchen. Signage placed on both entrances to the dining room, reminding the staff not to enter the dining room during residents' dining time. The unit staff contact the kitchen staff by phone if anything is needed in each unit, the kitchen staff provides it via dumbwaiters, instead of the unit staff going to the main kitchen. All these control measures were informed to all staff via message system, and the management oversees the practice of it daily.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The 2 safeguarding concerns identified at the inspection, which had been dealt with as a complaint, were retrospectively submitted to the authority on 31/01/25..

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
A template response to acknowledge the complaint was developed which includes the provision to contact the Office of the Ombudsman as required.

The management will ensure that the written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended, and details of the review process will always be provided to the complainant.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The maintenance of the center is being reviewed by the PIC, RPR and the maintenance manager for Trinity Care. New maintenance personnel have been recruited and due to commence on 30/03/25. In the meantime, the center is supported by maintenance staff from within the group to ensure ongoing continuity. The Maintenance Manager and Assistant Maintenance Manager of trinity Care oversee the work required in the home.

Currently, maintenance staff from within the group is covering the role in Elm Green and working through the required maintenance with ceiling tiles, pipe works and ventilation system. The Maintenance Manager and Assistant Maintenance Manager for Trinity Care are overseeing the work required in the home.

Resident call buttons with a pager have been purchased following the inspection, for the residents smoking area in first Laurel. The staff in the unit ensures that the residents are aware of this system to get assistance, this is handed over to staff daily.

The thumb lock on the storeroom door in first oak was removed on the following day of the inspection and replaced with a new lock.

Parts for the hydro baths have been ordered, and delivery is awaited.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The hairdressing room was deep cleaned on the same day and added to the weekly deep cleaning schedule. New hair dressing accessories were purchased and replaced the old ones.
All nurses have been reminded to discard single use dressings materials and to be discarded after single use. This is monitored by the CNM/ADON

Most of the day room, dining room and bedroom furniture were replaced with new ones in 2024. Additional furniture that requires replacement will be purchased this year.

The maintenance team has reviewed the sinks in the housekeeping room, press in the communication room and the equipment with rust, a plan in place to replace/repair these by September 2025.

The kitchenet cleaning schedule was revised with the kitchen team, the practice was revised to ensure that the kitchenettes are kept clean. A new Head Chef joined the nursing home on 01/02/25, who is overseeing the practices, supporting the PIC.

Boxes that were stored on the floor of the continence wear storage room have been removed.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The fire exits were cleared during the inspection.

The maintenance team has reviewed the fire safety issues in the center such as the service penetrations in the ceilings, exposed ceiling and insulations in the communication room, attic hatches in Ground Laurel Extension and plan in place to replace/repair these by September 2025.

Door closures will be reviewed with a view to replacing the existing ones with more efficient devices, in the meantime the PIC will ensure doors are not inappropriately held open.

The Fire Assembly point signage was corrected on the day of inspection

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Signage has been put in each communal area to advise there is CCTV recording and the resident may request to have it turned off.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	12/03/2025
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule	Substantially Compliant	Yellow	12/03/2025

	2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered provider.			
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	30/09/2025
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	12/03/2025
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the	Not Compliant	Orange	12/03/2025

	designated centre concerned.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	30/08/2025
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	30/09/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2025
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	30/09/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/09/2025

	reviewing fire precautions.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2025
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.	Not Compliant	Orange	31/01/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	31/01/2025
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the	Substantially Compliant	Yellow	31/01/2025

	outcome of the review.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	12/03/2025