



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

Issued by the Chief Inspector

Name of designated centre:	St Columban's Retirement Home
Name of provider:	Maynooth Mission to China (Incorporated)
Address of centre:	Dalgan Park, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	23 March 2022
Centre ID:	OSV-0000166
Fieldwork ID:	MON-0035688

About the designated centre

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

St. Columban's Retirement Home is a ground floor building situated within Dalgan Park and located between Navan and Dunshaughlin. Dalgan Park also includes St Columban's College, home of the Columban Missionaries, which adjoins the centre enabling residents to continue to engage and interact with the Columban Community on-site, as desired. St Columban's Retirement Home provides care for Columban Priests for convalescence and long term care. Residents with a disability, cognitive impairment, dementia, chronic and life limiting illnesses can be provided for following an individual and clinical assessment. The overarching aim is to provide the highest standard of care to promote the health and wellbeing of residents while striving to provide a home with a happy and homely atmosphere in which each resident feels at home, cared for, content, listened to, valued and at ease. The centre comprises of 32 single bedrooms with accessible en-suite facilities that are suitable for low, medium and high dependency residents. A variety of communal rooms, an external courtyard and surrounding gardens are available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 23 March 2022	09:00hrs to 18:30hrs	Arlene Ryan	Lead
Wednesday 23 March 2022	09:00hrs to 18:30hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

This was a pleasant and calm centre where the residents appeared to be enjoying a good quality of life and were supported to have meaningful roles and relationships within their community and with friends and family. St Columban's Retirement Home is situated on the same grounds as St Columban's College enabling residents to continue to engage and interact with the Columban community on site. Due to a recent COVID-19 outbreak access to the College had been temporarily limited. The retirement home was very spacious and had numerous communal areas including a large bright sun room, multiple rooms with seating, alcoves on corridors with seating and an oratory.

Following an introductory meeting, the inspectors did a walk-around the nursing home with the person in charge. While walking around inspectors noted that most of the residents were not in their rooms. Many had gone to mass and were out and about within the centre and grounds. The premises was large and rooms were of a good size. Each room had en-suite facilities and all rooms were single occupancy. There was plenty of storage in the residents' rooms for their clothing and personal belongings. Clothes were laundered in-house and items of clothing labelled with the residents name. The laundry staff arranged for all items of clothing to be returned to the residents rooms once laundered and ironed.

Residents mostly went to the dining rooms for their meals and some residents informed inspectors that sometimes they went to the main dining room in the College next door. However due to COVID-19 restrictions they were not going there at this time. A number of residents told inspectors that they often met their friends while outside walking in the grounds and were looking forward to going back into the College once the outbreak was over.

A number of residents said that they liked their food and always had plenty to eat. There was a menu on the wall of the dining room indicating which meals and choices were available for each day of the week. Some residents preferred to have their meals in their rooms and this was facilitated by the staff on duty. One resident said that there is always a tea trolley in the corner of the sun room so they can get a drink whenever they want. There were multiple choices available to them including hot and cold drinks.

The centre was peaceful and the residents were complimentary of care received. One resident said he continued to live his life as before – "just a little bit slower". Inspectors did not see any visitors on the day of inspection, however there were no current restrictions on visitors to the retirement home. Another resident was being assisted by staff with an activity. He said that it was nice to be looked after in his old age and that he didn't want or need anything.

The inspectors spoke with a few residents who informed them that the activities were based around their way of life. They were happy with the activities which they

did and particularly enjoyed walking and live music. They told the inspectors that they would often go to the College next door and use the library there but were aware that this was temporarily restricted due to COVID 19 and were looking forward to getting back to normal. Mass was currently available twice in the day to facilitate social distancing as this was one of the most important daily activities for the priests accommodated in the centre. The residents also enjoyed their privacy and this was respected by staff.

Residents were consulted in the running of the centre and their feedback from quality surveys had been included in the annual review, which included a list of things which residents stated that they would like to happen in the centre. Some of these improvements were seen by inspectors such as additional seating in the garden area and bird feeders outside the sun room windows. Residents also informed inspectors that they had requested the bird feeders in the garden outside the sun room as they enjoyed watching the birds feeding.

Staff informed inspectors they they liked working in the nursing home. One staff had worked there for many years and was very complementary about his time there. They said that it was very busy but a 'good place to work' and they liked looking after the residents there.

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

This centre has a good history of regulatory compliance, however the findings of this inspection showed that the standard of care provided, and the oversight of the service had not been sustained. Action was required now to bring the centre into compliance with the care and welfare regulations, and ensure a safe and appropriate service was provided.

The purpose of this unannounced inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review an applications to renew registration. Maynooth Mission to China (incorporated) is the registered provider. The centre is registered for 33 residents, and on the day of the inspection, there were 24 residents living in the centre. The provider had applied to reduce the occupancy to 32 beds, and has converted an existing bedroom into a linen sorting facility.

There was a clear management structure in place with a monthly senior team meeting including the person in charge, company directors, a human resources and a finance team representative. The minutes of these meeting were recorded. The

company directors were also available in the centre most days to support the person in charge. Staff were kept abreast of developments at the daily huddle meeting. Other changes and updates were communicated by email to staff.

Despite these arrangements in place to oversee the service, the inspection found that many of the quality and safety aspects of the service had not been monitored appropriately to ensure safe and appropriate care was provided to the residents at all times. Additional detail is available under the individual regulations in the quality and safety section. The clinical and non-clinical auditing programme was not robust enough to ensure sufficient oversight and monitoring of the service provided.

Staffing was appropriate for the number of residents currently living in the centre. There were a number of staffing vacancies in the centre at the time of inspection and the provider was actively recruiting. As a result the clinical nurse manager covered staff nurse duties. Management systems such as audits were carried out but did not identify areas for improvement and as a result they did not generate corrective actions. Therefore there were lost opportunities to improve resident care.

Training records for staff were available to the inspectors. There was a clear process to identify who had completed training and when they were next due for refresher training. All records were up to date, with some training sessions temporarily postponed due to a recent COVID 19 outbreak at the centre. Some mandatory training was through the Health Services Executive online training system, and other relevant training was undertaken on site.

An annual review of the quality and safety of care delivered to residents had taken place for 2021 in consultation with residents and their families. Inspectors reviewed the schedule 5 policies that were made available to them. There was a process for reviewing these policies, and all were updated with future review dates documented. They were available to staff in the centre and kept at the nurses station.

Inspectors found that not all notifiable incidents that occurred in the centre had been reported in writing to the Chief Inspector, as required under regulation 31 Notification of Incidents.

The complaints policy was in place and up to date. It specified the nominated person to deal with all complaints. There were no open complaints logged in the centre.

Registration Regulation 4: Application for registration or renewal of registration

Details in relation to the change of director and company secretary had not been submitted to the office of the Chief Inspector. This was requested by inspectors prior to the inspection.

Judgment: Substantially compliant

Regulation 15: Staffing

There was a minimum of one qualified nurse on duty at all times.

On the day of inspection there were sufficient staff to meet the care needs of the residents.

The number of cleaning staff was not sufficient for the size and layout of the centre. On the day of inspection, there was only one cleaning staff on duty and one laundry assistant, who also helped with cleaning. This is actioned under Regulation 23 Governance and Management.

Judgment: Compliant

Regulation 16: Training and staff development

Training records showed that staff had received training and staff informed inspectors that they were facilitated to attend mandatory training and other training appropriate to their roles.

Staff supervision was limited due to staff vacancies and requirement to redeploy staff to other roles.

Household staff were not following cleaning processes in line with the organisations policy and best evidence practice in infection prevention and control, as further detailed under regulation 27.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was some information not included in the directory of residents as per Schedule 3 of the regulations, such as some contact numbers for next of kin and contact details for the residents general practitioner.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff records were reviewed and found to contain the information required under Schedule 2 of the regulations, such as references and evidence of vetting from An Garda Siochana.

Judgment: Compliant

Regulation 22: Insurance

There was an insurance policy in place to cover injury to residents in the retirement home.

Judgment: Compliant

Regulation 23: Governance and management

The oversight and monitoring procedures to provide a safe service were not robust enough to ensure that the service provided is safe, appropriate, consistent and effectively monitored. This was evidenced by:

- The provision of resources and oversight of cleaning and decontamination processes did not support effective infection control practices and procedures.
- The clinical and non-clinical auditing programme and the audit tools were not sufficiently robust to effectively identify findings that the inspectors found on the day of inspection. For example the housekeeping audits were not comprehensive enough to capture findings as detailed under Regulation 27.
- The care planning auditing system had failed to identify that appropriate care plans and clinical assessments were not being initiated in a timely manner.
- While the registered provider had been proactive in carrying out a fire safety risk assessment, the actions taken to mitigate some of immediate risks as identified in the risk report had not been carried out to completion. For example, the storage of oxygen in a room next to battery charging hoist had been identified since 17th January 2022 but not yet mitigated.
- Notifiable incidents that occurred in the centre had been reported in writing to the Chief Inspector, as required under regulation 31 Notification of Incidents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services.

All contracts stated the room number of each resident and the occupancy of the room in which they would be residing.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated on 14th February 2022 to contain information relating to changes in the floor plans of the designated centre. The document contained the information required under Schedule 1 of the Health Act (Care and Welfare of Resident in Designated Centres for Older People) Regulations 2013, but required some minor amendments to match the floor plans submitted at the same time. An updated statement of purpose was received following the inspection.

Judgment: Compliant

Regulation 30: Volunteers

There was a policy in place outlining the different types of volunteers who may be facilitated in the centre. Arrangements for supervision and support were in place and the requirements for Garda Síochána (police) vetting were clearly outlined. There were no volunteers currently working in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on a review of care plans and restraints register, the inspectors identified that occurrences of pressure ulcers, and use of bed rails were not submitted as required by the regulations to the Chief Inspector.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A copy of the complaints policy was available and a brief procedure was displayed in the reception area. There had been no complaints received since the last inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The implementation of some policies was not in accordance with the centres own policy process such as the the Monitoring and Documentation of Nutritional Intake policy.

Judgment: Substantially compliant

Quality and safety

Overall inspectors were assured that the residents were supported and facilitated to have a good quality of life living at the centre, which was respectful of their rights and in line with their previous way of life. Residents were happy living there and liked the staff who were caring for them. While the lived experience and residents' quality of life was a positive one, inspectors found that the records maintained in respect of the nursing care provided to residents was poor. On the day of inspection, inspectors identified that action was required to respond to issues with the infection prevention and control practices and procedures, fire precautions arrangements and assessment and care plans which were impacting on residents health and safety.

The premises was bright and spacious and conducive to a good quality of life for the residents. There was easy access to the gardens and grounds and residents were observed coming and going to and from the centre. The residents rights to privacy, dignity, rights to make choices about their daily lives, were being upheld. Activities were based on the residents' preferences. Some residents said they enjoyed a simple life and were satisfied with their life in the designated centre. They attended the residents meetings and were able to ask for things they wanted and this was usually facilitated.

Residents care plans were not put in place in line with regulatory requirements and this impacted on outcomes for residents. Clinical risk assessments were being carried out, however they did not appear to meaningfully inform a plan of care for the residents. As a result, staff did not have clear guidance on the level of care each

resident required. This is detailed further under Regulation 5: Individual Assessment and Care Plan.

The centre had recently experienced an outbreak of COVID-19 which involved more than 13 residents and six staff testing positive for COVID-19. This was the first outbreak involving residents since the beginning of the pandemic and at the time of inspection there were no residents with a positive diagnosis of COVID-19 in the centre. Inspectors found that appropriate cleaning processes had not been implemented during the management of this outbreak in line with the current public health guidelines as issued by the Health Protection Surveillance Centre (HPSC), as the cleaning staff did not use a chlorine base solution to disinfect the rooms. In addition, inspectors were not assured that staff were consistently adhering to correct hand hygiene between the changing of gloves. Records showed that the monitoring for signs and symptoms for COVID 19 amongst residents and staff was only completed once a day, which was not in line with the HPSC guidance.

Laundry segregation practices were not set up to minimise the risk of cross contamination within the laundry room. The centre had converted a separate room for the sorting and ironing of linens and residents clothing, however the laundry room itself required review to ensure there was no potential of cross contamination.

Although significant issues were identified in respect of fire safety management in the centre, records showed that staff were trained in fire safety and were capable in evacuating residents to the nearest safety zone in a timely manner, including total evacuation of the centre. Nevertheless, deficits in respect of compartmentalisation and containment had been identified as per the provider's risk assessment. The provider had a plan in place to address these, however this had not started at the time of inspection.

Records showed that staff had received safeguarding training, however a small number of staff required further training. Residents reported that they felt safe, and safeguarding policies and procedures were in place to protect the residents in the centre. The provider was not a pension agent.

Regulation 17: Premises

Overall, the premises were bright and clean, however the following issues were identified;

- Some floor surfaces were damaged and as a result they were a trip hazard.
- Appropriate lighting was not in place in all bathrooms creating a risk of falls for residents using the room.
- Clinical hand washing facility was not available in the treatment room to ensure effective hand hygiene practices.
- Several areas throughout the centre were in need of painting and refurbishment.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider has not ensured procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. This was evidenced by:

- The Cleaning policy and appropriate procedures were not implemented. There was a flat-mop system in place, however the correct cleaning process was not followed as observed by inspectors on the day of inspection.
- Although the correct chemical solutions were available in the centre, they were not used. For example, the rooms of residents who had COVID-19 had not been cleaned using a detergent and chlorine based solution in line with HPSC guidance.
- Education and training was required on the cleaning and decontamination process.
- Some floors and surfaces were observed to be unclean.
- Numerous items of equipment were observed to be unclean such as wheelchairs and commodes. There was no process in place to identify clean equipment from dirty. The risk of transmission of health care associated infection was increased as a result
- There was damage to some mattresses and cushions preventing effective cleaning.
- There was inappropriate storage such as commodes stored in the sluice room which had the potential to lead to cross-contamination such.
- Some items of equipment/ shower rails had signs of rust therefore preventing effective cleaning.
- Numerous bathrooms and toilet seats were observed to be unhygienic- some of these had been signed off as clean. There was a risk of transmission of health care associated infection.
- Laundry skips had no lids to ensure the safe transfer of contaminated linen and prevent cross infection.
- Sharps bins not labelled or dated for traceability as per national standards.
- Some staff did not perform hand hygiene between donning and doffing their gloves therefore standard precautions were not being followed.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspectors acknowledged that the provider had carried out a fire safety risk assessment on the 17th January 2022 which identified a number of risks, however

at the time of inspection there was no plan in place to address them.

- The inspectors were not assured of the integrity of the fire doors; for example some fire doors had drilled holes through them which compromised the purpose of the door in containing smoke in the event of a fire.
- Numerous wedge stoppers were observed in use on numerous bedroom doors; this posed a significant fire safety risk.
- There was no assurance in respect of the compartmentalisation of the building and the containment measures in place. For example a stairwell that led into a compartment including laundry and two residents' bedrooms was did not appear to have compartmentation. This had been identified on the centres fire risk assessment.

In addition, the oversight and management of fire safety in the centre was not sufficiently robust as evidenced by;

- Inappropriate storage of oxygen, which was observed stored in a room next to charging batteries for hoists and without fire hazard signage in place. Assurances were received that these Oxygen cylinders were removed to an outside storage area after the inspection.
- From review of fire records inspectors found that there were gaps in the daily safety checks and the weekly checks for emergency lighting and fire alarm testing had not been completed since January 2022.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Although resident's needs were assessed and reviewed, non-compliance with the regulation was evidenced by the following;

- Residents admitted to the centre did not have a care plan initiated within 48 hours from admission. In one example, a resident had been living in the centre two months before a nursing care plan was put in place.
- Care plans were not in place for relevant nursing issues to provide guidance on the care required. For example, there was no care plan in place for a resident with a wound despite regular nursing interventions documented in the daily nursing notes for wound management. While photographs were in place which showed wound progress, there were no coherent wound management assessments and documentation other than the nursing daily notes.
- Residents assessed at risk of falls, did not have a corresponding care plan in place. Where care plans were in place, there was duplication which made the whole care planning system ineffective. For example, one resident had three care plans for falls management and one for maintaining a safe environment.
- Nursing risk assessments were carried out but did not meaningfully inform

the plan of care. For example residents at risk of malnutrition had their weights checked on a regular basis, but there was no nutrition care plan in place, despite dietetic review and recommendations in place. The provider had not implemented the recommendations of the allied health professionals.

- Bedrails were in use without a proper assessment and care plan in place for the residents.
- There was no system to ensure that care plans were reviewed when there was a change in a residents' condition. For example, residents who tested positive for COVID-19 did not have a formalised care plan in place.
- The standard of care planning documentation in general was poor, and personal care plans did not provide specific information to guide personal care

Judgment: Not compliant

Regulation 6: Health care

The registered provider did not ensure that a good standard of evidence-based medical and nursing care was provided for all residents. This is evidenced by the following;

- There was poor practice in relation to the management of signs and symptoms of COVID-19 and this impacted on the safety of residents. For example, residents and staff's temperature was only checked once a day and not on a twice daily basis in line with Health Protection Surveillance Centre (HPSC) guidelines to support in the early identification, isolation and management of any potential positive cases.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were no residents displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 8: Protection

Staff records demonstrated that staff had received safeguarding training. A small number of staff required additional training on safeguarding. The provider provided assurances that this would be addressed as soon as possible.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents reported that their rights were respected and were satisfied with the activities and facilities available to them. Activities were tailored to meet residents needs. There were daily prayers, walks and poetry, crosswords and newspaper reading.

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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Columban's Retirement Home OSV-0000166

Inspection ID: MON-0035688

Date of inspection: 23/03/2022

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Details in relation to the change of directors and company secretary have been submitted to the office of the Chief Inspector in the NF33A form.</p>	
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: We have recruited more nursing staff to fill vacancies, so this will reduce the need to redeploy staff to other roles. Household staff have received competency based training and assessment using a new training matrix on all aspects of cleaning in the nursing home, in line with local cleaning policy.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of</p>	

residents:
 All information has now been completed in the directory of residents as per Schedule 3 of the regulations.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- We are working with our contracted cleaning company to identify additional resources for cleaning and decontamination during a Covid outbreak. An external cleaning company has also been identified and can be used for deep cleaning in the event of an outbreak.
- Weekly meetings with Person in Charge and Cleaning Supervisors have been established to ensure the oversight of cleaning standards.
- A new cleaning audit tool has been sourced and implemented to better identify infection control hazards.
- Cleaning Standards Audits will take place weekly by different members of both cleaning and clinical management teams to ensure cleaning standards are acceptable.
- Quality improvements identified from the cleaning audits will be communicated to the wider team through huddles, team meetings and email.
- A new care planning audit tool has been sourced and a care planning auditing schedule is now in place to ensure that care plans and assessments are completed in a timely manner.
- The Health & Safety Committee are working to mitigate the fire risks identified in the fire safety risk assessment.
- The Property Management Committee have appointed a project manager to oversee the mitigation of the fire risks associated with fire doors, compartmentation and containment.
- All notifiable incidents have been reported to the Chief Inspector in the quarterly report.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 Use of all bed rails and the occurrence of pressure ulcers have now been submitted in the quarterly reports via the HIQA portal.

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The nursing staff have received refresher training on the importance of implementing the procedures outlined in the Monitoring and Documentation of Nutritional Intake policy.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • An audit of floor surfaces has been completed and there is a schedule in place to replace any damaged flooring. • A review of lighting has taken place in all bathrooms and improvements made where required. • There is a plan in place to replace the Clinical Hand Wash basin in the clinical room. • There is a maintenance schedule to address the painting and overall aesthetics of the nursing home. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The cleaning policy has been reviewed and updated. • All cleaning staff have been educated and trained on the cleaning and contamination process in line with local policy. • A competency assessment has been implemented to ensure all cleaning staff are competent to clean as per policy. • A new chemical solution has been identified and ordered for use in the nursing home that is in line with HPSC guidelines. This chemical will be used also in the event of an outbreak and staff are receiving education on the product. • All floors and surfaces identified during the inspection have been cleaned. • All items identified during the inspection have been cleaned. • An 'I am clean' green tag system has been introduced for all items that have been cleaned or decontaminated. 	

- An audit of all mattresses and cushions has taken place since the inspection and any damaged items have been removed.
- Any unused commodes have been removed from the sluice room and staff educated to ensure that no items are to be stored in the sluice.
- An audit of all equipment/shower rails has taken place since the inspection and any items with rust have been removed.
- An audit of all bathrooms and toilet seats has taken place since the inspection. All items have been cleaned or replaced.
- Laundry skips with lids are on order to replace those without lids.
- A review of laundry facilities and system has taken place. A dedicated clean laundry trolley has been introduced to remove all clean items immediately to the ironing room for sorting. No sorting will be done in the laundry room, so to reduce the risk of cross contamination.
- New sharps bins have been installed and labelled and dated for traceability as per national standards.
- Hand hygiene refresher education for all staff is currently underway.
- We have engaged the services of an infection control specialist who is scheduled to come to the nursing home to assess, advise and educate staff on infection control and prevention practices.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The Property Management Committee are in the process of preparing a proposal to carry out the additional opening up works / investigations in order to establish the full extent of non-compliance issues and to prepare a detailed Schedule of Works and tender package to address all of the deficiencies identified in the Fire Safety Audit Report.
- The completed tender package will then be issued to three specialist contractors; and following this tender process, a contractor will be appointed to execute the works.
- As noted above, the Schedule of Works / tender package will address all issues identified within the Fire Safety Audit report, inclusive of the following:
 - a. Fire doors - given the level of deficiencies noted to the fire doors within the Fire Safety Audit report, we are provisionally proposing to replace all fire doors in their entirety with new certified fire rated door sets.
 - b. Compartmentation - we hope to address the majority of the compartmentation issues by upgrading the fire resistance of the existing ceiling from the roof space above. This should omit the requirement to extend the existing fire rated partitions / walls to the underside of the roof covering.
- This will include a review of the fire resistance of the existing stud partitions / walls and upgrade same where necessary. Furthermore, all service penetrations, gaps etc. in fire rated construction will be appropriately fire stopped.
- It is estimated that the above project will take 8-9 months from date of approval. Within this overall time the pre- going on site timeline in agreeing plans, specifications, and tendering will take about 3 months from date of approval.

To mitigate the high risks identified in the audit report while the remedial works are being planned and carried out, the following actions are in place:

Means of Escape/Fire Doors:

- A schedule of daily checks of all existing fire escape exits to ensure there is a clear means of escape, that all doors are functioning correctly, and a key is available where there is a 'break glass for key' system to open door.
- A schedule to ensure no doors are wedged open and that doors are closed when not in use.
- A schedule of weekly checks of all fire doors and fire alarms to ensure they are functioning correctly, and any new damage is reported immediately.

Fire rated construction/Compartmentation:

- The Emergency Evacuation Plan is updated, and staff are aware of procedures around safe evacuation.
- A training matrix to ensure all staff are aware of the fire safety risks and have basic fire & fire marshal training, have practiced a fire evacuation drill, and have practiced how to use firefighting equipment.
- A schedule of fire drills & fire evacuations to ensure the staff are competent in safe evacuation of residents. Fire drills will be practiced with minimal staff to simulate nighttime evacuation and promote awareness of evacuation of the compartments/zones of the nursing home, ensuring evacuation times of each zone/compartment are measured and compared with baseline recommended evacuation times for that zone.
- A schedule in place to check that the assembly point is always clear.
- A schedule in place to ensure all residents have a robust Personal Emergency Evacuation Plan (PEEP) and have practiced a fire evacuation drill.
- A schedule in place to ensure fire sheets on beds are checked weekly and replaced if damaged.

Fire Detection, Alarm and Emergency Lighting:

- A schedule in place to ensure the fire alarm panel is checked daily and the area is clear.
- A schedule in place to ensure the fire extinguishers are checked, are in date, and are accessible within 30-35m, as per guidelines.
- Oxygen cylinders have been moved outside the building and a new storage unit has been installed to facilitate the safe storage of oxygen.
- A maintenance schedule in place to ensure fire safety measures and equipment in the workplace are kept in effective working order. This includes all fixtures and fittings such as fire doors, fire detection and alarm systems, fire-fighting equipment, notices, and emergency lighting. Regular checks, periodic servicing and maintenance are carried out on all electrical devices. Any defects are reported immediately and fixed or replaced.

The Health & Safety Committee will ensure that the Fire Risk Assessment is updated as each element of the remedial works are addressed and deemed compliant, so to reduce the overall risk.

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"> • To ensure improvements in the overall standard of care planning, dedicated time has been allocated to the Person in Charge and Senior Nurse to work together to review and update all nursing care plan templates. • Dedicated time and resources have been allocated for nursing staff as key workers to review and update their resident nursing assessments and care plans. • A review of all resident documentation has taken place since the inspection to ensure that they have the necessary nursing care plans completed. • A new wound management care plan has been developed for use in addition to the wound care assessment, and the nursing staff are currently being educated on its use, and overall documentation in relation to wound management. • A review of any residents assessed at risk of falls has been completed to ensure they have a corresponding care plan in place and to ensure there is no duplication of care plans or assessments. • A review of nursing risk assessments has taken place to ensure that any resident who has a risk of malnutrition has a nursing care plan in place which includes the recommendations made by any allied health care professional. • A review has taken place to ensure that all residents who have bedrails insitu have had the necessary risk assessments completed and nursing care plan in place. • A robust care planning audit schedule is in place to audit the nursing care plans to ensure standards improve. • There is now a system in place to ensure that care plans are reviewed when there is a change in a residents' condition. • The nursing care plan for residents who test positive for Covid 19 has been reviewed and updated, and the nursing staff are currently being educated on its use, and overall documentation in relation to Covid 19. • Monthly nursing team meetings will be held in order to discuss and communicate all aspects of nursing documentation. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Resident temperatures are now being checked on a twice daily basis in line with Health Protection Surveillance Centre (HPSC) guidelines to support in the early identification, isolation and management of any potential positive cases</p>	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The staff who required additional training on safeguarding have now completed this training	

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	05/05/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/05/2022
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	31/08/2022

Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	05/05/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/05/2022
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	31/05/2022
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	31/05/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions	Not Compliant	Orange	31/08/2022

	against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/05/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2023
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	05/05/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/05/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident	Not Compliant	Orange	31/05/2022

	when these have been assessed in accordance with paragraph (2).			
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.	Not Compliant	Orange	31/05/2022
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	31/05/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional	Substantially Compliant	Yellow	31/05/2022

	guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	05/05/2022