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:	Lystoll Lodge Nursing Home
Name of provider:	Lystoll Lodge Nursing Home Limited
Address of centre:	Skehenerin, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	29 January 2025
Centre ID:	OSV-0000246
Fieldwork ID:	MON-0045765

About the designated centre

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

Lystoll Lodge Nursing Home is situated in the countryside, approximately one mile outside the heritage town of Listowel. The centre provides 24-hour nursing care, which is led by the person in charge, who is a qualified nurse. The centre is a two story premises and is registered to accommodate 48 residents. Bedroom accommodation consists of 28 single bedrooms and ten twin bedrooms. There is a variety of communal space, which includes a dining room on the ground floor and three sitting rooms, as well as an internal garden. The centre can accommodate both male and female residents requiring continuing care, respite care, convalescence care, dementia care, psychiatric care and end-of-life care. Admissions to Lystoll Lodge Nursing Home are arranged by appointment, following a pre-admission assessment of needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

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
Wednesday 29 January 2025	10:45hrs to 18:40hrs	Niall Whelton	Lead
Thursday 30 January 2025	08:55hrs to 14:00hrs	Niall Whelton	Lead
Wednesday 29 January 2025	10:45hrs to 18:40hrs	Caroline Connelly	Support
Thursday 30 January 2025	08:55hrs to 14:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. Over the course of the inspection, the inspectors met with many of the residents, staff and visitors to gain insight into what it was like to live in Lystoll Lodge Nursing Home. Inspectors spoke in more detail with 12 residents and three visitors. The inspectors spent time observing the residents' daily life in the centre, in order to understand the lived experience of the residents. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents generally appeared to be content, appropriately dressed and well-groomed. Residents and visitors expressed their satisfaction with improved communication, the kindness of staff, staffing levels, the quality of the food and attention to personal care. Residents who had previously raised concerns with inspectors, told inspectors that they felt safer in the centre than they did on the previous inspection. Residents told inspectors that intrusions into their bedrooms by other residents had reduced significantly and they were advised by the staff to use the nurse call bell if it ever occurred and staff would assist them. One resident told inspectors that when they rang the bell that staff responded very quickly

On the days of the inspection, the inspectors observed staff engaging in kind and positive interactions with the residents. Staff who spoke with the inspector were knowledgeable about the residents and their needs. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. The inspectors observed that visiting was facilitated in the centre throughout the day. The inspector met with three visitors who were very complimentary about the centre and the care their relative received.

Lystoll Lodge Nursing Home is a designated centre for older people situated in a rural setting, outside the town of Listowel, County Kerry. The centre is a two storey purpose built nursing home, which is registered to accommodate 48 residents. There were 44 residents living in the centre on the days of this inspection.There were 30 residents' bedrooms on the first floor and 18 on the ground floor, with a lift available for residents' use. The inspectors saw that some bedrooms were personalised with residents' belongings, but some rooms continued to lack soft furnishings, to provide that homely feeling. It was evident to the inspectors that the centre had recently been painted and rooms were observed to be clean. As identified on the previous inspection the layout of some of the privacy curtains in shared rooms did not ensure that the privacy of both residents could be maintained if the curtains were closed. The person in charge assured the inspectors that this was being addressed. Also identified on the previous inspection a number of bedrooms did not have any televisions available for residents' use and a number of televisions were not placed where residents could view them with ease. In their action plan response to the previous inspection, the provider committed to this and this also remained a work in progress within the timeframe given by the provider.

Communal space on the ground floor consists of a main sitting room and dining room, which were just off the main foyer. The inspectors observed that on average eight to ten residents spent the majority of their day in this sitting room.. A staff room, on the ground floor was re-purposed as an oratory and had the Stations of the Cross on the walls. This room was made available for residents' use since the previous inspection, due to the fact that the upstairs chapel was not available to residents, as it was operating as a nurse's station and storage area. The provider had applied to vary the registration of the centre and has submitted floor plans and a statement of purpose to reflect these changes.

As described on the two previous inspections of the centre, the remaining communal space upstairs comprises of one sitting room. The inspectors spent time observing the residents in this area. For a large part of the day thirteen residents living upstairs were sitting in this room. Many of the residents using this sitting room were observed having their dinner, in armchairs, with a bed table in front of them. There was minimal space between residents and this is discussed further in the report.

During the two days of inspection, the inspectors saw frequent drinks and snacks rounds provided to residents. The inspectors observed the lunch time and evening meal on the first day of inspection and the lunchtime meal on the second day. The inspectors saw that there was a choice of main course for the lunch time meals on both days. Residents were also offered a choice at their main evening meal. Residents were complimentary regarding the taste and choice of food available for them in the centre. Since the previous inspection there had been improvements in how meals were served to residents with the main course served first, followed by the desert. The textured modified diets were now served on a normal plate and looked more appetising. On the first day of the inspection the inspectors observed the dining experience in the dining room. The inspectors observed that there were two empty tables while other residents continued to have meals in the day rooms with limited space. The provider had purchased new table cloths and flowers adorned the tables. The inspectors observed that the dining experience was also quiet with little conversation taking place and could have been further enhanced to provide a more social dining experience.

The activities co-ordinator was present in the centre on both days of the inspection and was observed engaging residents in a variety of activities including a reminiscence quiz, music games and one to one time for residents who preferred to spend time in their rooms. The inspectors also saw care staff interacting with residents throughout in the inspection in a friendly and respectful manner The inspectors saw that care staff visited residents in their rooms, for one to one chats, and enabled residents to go outside if they wished.

The inspectors saw that there were improvements in residents access to call bells since the previous inspection and observed that call bells were in easy reach of the majority of residents. Inspectors used the call bells and staff were observed to answer the call bells in a good time. Residents said generally staff were very attentive and they did not have to wait too long for assistance.

In terms of fire safety, exits were mostly clear and unobstructed. On the first floor a bed frame was temporarily located in the pathway of escape, however this was removed by the end of the first day. Signage to identify that oxygen was in use in a resident's bedroom was not displayed, however when this was pointed out it was immediately rectified. Some fire doors were not fitted with automatic closing devices, this is explored in more detail under Regulation 28: Fire Precautions.The inspectors also observed window restrictors, which were easily opened and presented a risk to resident's safety.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People (Amendment) Regulations 2022). Previous inspections of the centre undertaken in March 2024 and November 2024, found continuing and deteriorating levels of compliance with the regulations, particularly in relation to safeguarding of residents.. Findings of this inspection was that action had been taken to address the majority of the findings of the previous inspection. The provider's action plan response submitted following the previous inspection allowed further time to address a number of these regulations. The inspectors acknowledged progress had been made, and a number of these actions were ongoing. Further action was required in relation to governance and management, premises, fire precautions and managing responsive behaviours, as outlined further in this report.

A provider meeting was held following the November 2024 inspection, where concern regarding the ongoing decreasing levels of compliance were raised by the office of the Chief Inspector. The provider was also operating the designated centre contrary to condition one of the centre’s registration, on which basis the centre is registered by the Chief Inspector. A laundry had been commissioned without an application to the Chief Inspector to vary the centre’s conditions of registration as required in the Health Act. Other rooms in the centre had been re-purposed such as the oratory, wash-up room, cold room and staff room. During this meeting the provider provided assurance that action would be taken and an application to vary condition 1, to ensure compliance with the regulations would be submitted.

This inspection was also undertaken on foot of the provider submitting an application to vary condition 1 of their registration. This application was to regularise the use of a laundry room and changes made to the purpose and function of an oratory and staff room. The application also applied for the registration of two new communal areas over two floors which would provide additional sitting rooms for

residents. However, further action was required, as although the provider had applied to regularise the use of the laundry, the correct documentation and sign off by a competent person was not available to the inspectors, therefore the provider remained in breach of the centre's conditions of registration. This is outlined further under Registration Regulation 7.

The staffing levels and the number and skill-mix of staff on duty during the inspection was appropriate to meet the needs of the current residents. Improvements in staff training was seen and inspectors saw there was an ongoing schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Since the inspection in November 2024, in-house safeguarding training was provided and staff who spoke with the inspectors said they found it highly beneficial and that it made them more aware of their responsibilities on how to safeguard residents.

Additionally, care planning training had been provided to the nursing staff with further training planned. A training matrix was maintained to monitor staff attendance at training provided. On review it was evident that the majority of mandatory training was up-to-date.

Inspectors reviewed the accident and incident log and could see that improvementsin incident recording, with appropriate management follow up and oversight of incidents. Improvements were also seen in the notification of notifiable incidents to the Chief Inspector. Documentation requested for the inspection was generally provided in a timely manner. However, a number of documents were not available such as a supervision plan for a staff member and some fire evacuation drill records as outlined under Regulation 21 Records.

Overall, inspectors found that some management systems had been strengthened to ensure the service residents received was safer, for example there was evidence of enhanced oversight of safeguarding. The centre's fire policy required a fire safety risk assessment which would be completed and reviewed annually. While there wasn't an updated fire safety risk assessment in the centre, management confirmed that the fire consultant had reviewed the centre and committed to submitting the report of this when it was received. In terms of fire safety, while there was good oversight of fire safety, some improvements were required, which are detailed under Regulation 28: Fire Precautions.

Inspectors reviewed the complaints log and saw that since the previous inspection complaints were now being recorded in line with regulatory requirements. Residents spoken with told inspectors they knew who to complain to if needed.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider submitted an application to vary condition 1. However, further supporting documentation was required and was not available at the time of the inspection to progress the application. In addition, a number of the rooms the provider had applied to register were unfinished. This included the wash-up area and cold room facilities which were observed to have exposed plaster. Toilets in the new area also required completion.

Judgment: Not compliant

Regulation 15: Staffing

On the day of the inspection, there were sufficient staff to meet the needs of the 43 residents. The person in charge was on duty supported by a CNM, two registered nurses and a team of caring, household, catering, administrative and activity staff. Rosters showed there was a minimum of two registered nurses on duty day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were seen in training provision since the previous inspection. Staff and records confirmed that training had been provided to staff in safeguarding, in responsive behaviours and care planning in house over the last number of months. The training matrix was updated with training provided and dates training was next due.

Judgment: Compliant

Regulation 21: Records

The maintenance of some records required action, as the following records the inspectors requested were not available for review on the day of inspection.

- Records of disciplinary action and of supervision of staff following an incident in the centre
- Not all records of evacuation drills were available for review

Judgment: Substantially compliant

Regulation 23: Governance and management

Although there were improvements noted since the previous inspection, concerns remained with regards the governance and management of the service and the registered provider's ability to ensure that the service provided was in compliance with the regulations. The provider's action plan from the November 2024 inspection allowed them further time to address a number of issues under regulation 23: Governance and Management. However, some additional actions were required on this inspection to ensure that management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by the following:

- There was a lack of oversight in relation to the submission of applications to vary by the provider to ensure the premises was ready for inspection and the correct documentation was in place to progress the application, therefore the centre continued to operate outside of condition 1 of its registration.
- There was a lack of oversight of premises issues, including the risk associated with the window restrictors in use in the centre, as outlined under Regulation 17
- Improvements were required to ensure residents were fully protected from the risk of fire as outlined under Regulation 28.

Judgment: Not compliant

Regulation 31: Notification of incidents

Inspectors reviewed a sample of incidents and found that improvements in the submission of notifiable notifications had taken place since the previous inspection and notifications reviewed on this inspection were submitted to comply with Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were seen in complaints management since the previous inspection. Inspectors reviewed the complaints log and saw that a number of complaints from residents and families were logged, there was evidence of investigation of the complaint and action taken to resolve the issues identified. There was evidence that

the complainant was informed of the outcome of the investigation and any improvements recommended.

Judgment: Compliant

Quality and safety

The inspectors found action had been taken following the last inspection to ensure the safety, protection and wellbeing of residents. Many of the residents and relatives gave positive feedback on the care provided by staff working in the centre. Residents who had raised concerns regards their safety and privacy, when other residents entered their bedrooms on the previous inspection, outlined that there were additional measures in place so they now felt safer in the centre.

The inspectors saw that some action had been taken to come into compliance with a number of regulations in this section of the report. However, the action plan submitted following the last inspection undertaken on 05 November 2024 allowed the provider additional time to be compliant in Regulation 27: Infection control, Regulation 5: Assessment and Care Planning, Regulation 8: Protection and Regulation 9: Residents' rights. On this inspection further action was required in relation to Regulation 28: Fire safety, Regulation 17: Premises, Regulation 7: Managing Behaviour that is challenging and Regulation 18: Food and Nutrition.

The centre was moving from a paper based assessment and care planning system to an electronic system. Training had been provided to staff in assessment and care planning in response to a number of actions required from the last inspection. The person in charge and management team assured the inspectors they were working through the issues and had a further time scale for completion.

Residents continued to have good access to GP services and one of the GP's was conducting a round on the second day of the inspection. There was evidence of regular medical review of residents when required. Residents had access to community mental health based services and health and social care professionals such as speech and language therapists, dietitians as required.The inspectors saw that there were ongoing improvements to wound care assessments and management since the previous inspection.

Food appeared nutritious and in sufficient quantities, drinks and snack rounds were observed morning and afternoon. It was evident to inspectors that the close monitoring of residents' weights and nutritional assessments was in place, to ensure residents were appropriately referred to dietitian services if required. Some improvements were seen in how meals were served and dinners and deserts were now served separately. However, further action was required to improve the dining experience as outlined under Regulation 18; Food and Nutrition.

Since the last inspection staff had received safeguarding training. Staff told the inspectors that this in house training has enabled staff to be more confident with identifying and reporting concerns. Some residents' told the inspectors they felt safer in the centre and improvements were noted in the reporting of safeguarding issues.

Inspectors saw, that many staff working in the centre, engaged with residents in a respectful and dignified way during the inspection. Training had been provided in responsive behaviours following the previous inspection. Behavioural plans had been implemented along with enhanced supervision of residents, who presented with the behaviour and psychological symptoms of dementia (BPSD) ensuring better outcomes for all residents. The inspectors saw that some alternatives to bed rails such as crash mats and low beds were in use. However, bed rails were in use for over 30% of residents at the time of inspection which was an increase since the previous inspection and is outlined under Regulation: 7.

The inspectors saw that residents had access to a variety of activities during the two days of the inspection. The activity schedule was led by the activity co-ordinator and was supported by the care staff. The inspectors saw one-to-one activities and group activities such as a lively music and dance session and sing songs and group exercises.

However, as identified on the previous inspection residents' rights were not consistently upheld and evidence of consultation with residents with regards to the organisation of the centre was limited. The provider had a longer time frame to address these issues.

Although the premises had been recently painted and generally kept in a good state of repair there was a lack of day and dining space for residents as identified on numerous previous inspections of the centre. Premises issues are further outlined under Regulation 17

In relation to fire precautions in the centre, staff spoken to were knowledgeable on the evacuation procedure when relaying it to inspectors. The notice board within the main nurse's office identified the 'fire wardens' and 'fire responders' on each shift. Fire doors to residents' bedrooms were fitted with a device which could safely hold the fire door open and would close the door when the fire alarm activated. These were a combination of acoustic or magnetic type devices and afforded residents the choice to keep there door open if that was their choice.

All beds were fitted with a ski sheet fitted to the under side of mattresses, for evacuation. Those checked were fitted and ready for use, and had been audited the day prior to the inspection.

At the time of inspection, electricians were on site and were completing a review of the fixed electrical wiring installation in the centre. This review would generate a periodic inspection report with a schedule of improvements required (if any). Further details in relation to fire safety will be actioned under Regulation 28: Fire Precautions.

Regulation 11: Visits

Visitors were seen throughout the two day's of the inspection to visit their relatives. The communal rooms and private living rooms were utilised. There were no restrictions on visiting,

Judgment: Compliant

Regulation 17: Premises

Not all aspects of the premises conformed to the matters set out in Scheduled 6 of the regulations and in line with the statement of purpose for the centre:

Available communal space for residents was reduced in the centre and was not in line with condition one of the centre's registration, on which basis the centre is registered by the Chief Inspector. As found on the previous inspection, the Chapel was still being utilised as a nurse's station and storage room. Previously, the registered provider had converted a staff room to an oratory to replace this space. However, this resulted in a reduction of available communal space for residents' by 11 square metres. The lounge area for the centre, which is registered as 25 metres squared of communal was also not in use for residents during the inspection.

Further findings that the premises was operating outside the statement of purpose was identified as the laundry was also re-purposed as a wash up room for the kitchen area and a new unregistered laundry was operational onsite.

- There was inadequate dining facilities available for the 46 residents living in the centre at the time of inspection.
- window restrictors required review as they presented a risk to residents; the restrictors were a hook type and easily opened
- Items of worn bedroom furniture were seen in parts of the centre that required repair or replacement
- there was exposed concrete in the opening leading to the walk in fridge and was awaiting hygiene covering
- a ceiling tile in bedroom 1 was stained and required replacement
- two call bell cords in ensuites were found to be inaccessible as they were propped up on door frame of the ensuite door; the pull handle on one was broken
- the arrangements for storage required action; there was ample storage spaces in the centre, however, they were unorganised and not fit out with appropriate shelving or storage units. Shelving had been fitted in some, and

management confirmed shelving would be fitted in the remaining store rooms.

Judgment: Not compliant

Regulation 18: Food and nutrition

Although there were improvements seen in the presentation and serving of residents meals further action was required in how residents meals were served

- As identified on the previous number of inspections of the centre, many residents were served their meals in the both day rooms where they were seated very close together from bedtables without sufficient room. For example, there was no room for care staff to sit to assist a resident in the upstairs dayroom, with their meal, so the staff had to stand which doesn't support a sociable dining experience for the resident.
- On the first day of the inspection the inspectors observed that the dining experience in the dining room. The inspectors observed that there were two empty tables which could have sat eight plus residents, this was while other residents continued to have meals in the day rooms with limited space to serve meals.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the good fire safety management systems in place, further improvements were required to ensure adequate precautions against the risk of fire;

- The fire door to the wash room was propped open as the appropriate hold open device was damaged
- A checklist for removal of lint and cleaning the filter in the clothes dryer was not completed.

While fire containment in the designated centre was generally to a good standard, further assurance was required;

- Assurance was required regarding fire containment between the centre and the new extension, in particular where the compartment door was recessed
- There was a hole observed in the fire rated ceiling of a store room, which required sealing up to maintain the fire containment to the room
- There was a plywood panel in the ceiling to the food store; assurance was required that fire containment was maintained

- In the main, fire doorsets were generally in good condition, however some maintenance deficits were noted and action was required to ensure the fire doors remained effective. Some fire doors were not fitted with automatic door closers, including the reception, linen store, staff changing room and to rear of the dining room. Screws were missing to some fire door hinges. There were gaps to a small number of double doors where the door leaves met. The force of a door closer on a fire door at first floor (near the sluice room) was very strong and may cause injury when released. The door to a linen store and the door between the dayroom and nurse base, were getting caught on floor covering and would not close

In terms of evacuation, the inspectors were informed by management and staff of drills which were taking place, however the record of these drills were not available for review. This is actioned under Regulation 21: Records There were only two drill records available for review; 27 August 2024 and 04 April 2023.

The oversight of the personal emergency evacuation plans (PEEPs) required improvement; owing to the transfer to an electronic documentation system, there was a mix of two types of PEEPs and they did not contain sufficient information to inform evacuation. For one resident, there were two PEEPs with conflicting information. Management confirmed this would be addressed immediately.

Evacuation floor plans displayed, in the reception showed up-to-date fire alarm zones, however these were not updated in the floor plans elsewhere in the centre. This may lead to confusion, given there are two interconnected fire alarm systems, one being a zoned (will identify the area of the building a detector is activated) system and the other fully addressable (will identify the location of the detector activated).

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence of good access to medical staff with regular review recorded in residents' files. Residents were referred as required to health and social care professionals such as dietitians, speech and language therapists and had access to a physiotherapist, who attended the centre one day a week and was onsite on the second day of inspection. Residents had access to community based mental health services and to ICPOP (Integrated Care Programme for Older persons) which gave residents access to older persons health care services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Although there had been improvements in relation to the management of responsive behaviours since the previous inspection. Inspectors identified that action was required to reduce the number of bedrails in use as restraint in the centre. The inspectors saw that bed rails were in use for over 30% of residents at the time of inspection which was an increase since the previous inspection and not in keeping with a restraint free environment. One resident had bedrails up for two weeks and there was no assessment or care plan in place to guide and direct bedrail use and there was no evidence of an alternative being trialled to ensure it was the least restrictive alternative.
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 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Lystoll Lodge Nursing Home OSV-0000246

Inspection ID: MON-0045765

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 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: The Provider is currently addressing Registration Regulation 7 and matters prescribed in the email from the Authority, dated the 6th February 2025.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Records of supervision of staff after an incident will be placed in staff files going forward. Fire drill records are up to date with further fire evacuation drills scheduled.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. The Provider is currently addressing Registration Regulation 7 and matters prescribed in the email from the Authority, dated the 6th February 2025.
2. Window restrictors in the centre will be reviewed to ensure compliance. An audit on the physical environment has been carried out and a programme of works put in place.
3. Matters identified during the inspection in relation to Regulation 28: Fire Precautions and as set out by the Authority in its email, dated 6th February 2025, have also been included in the programme of works.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
An audit on the physical environment has been carried out and a programme of works put in place.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
The Provider is currently addressing Registration Regulation 7 which will entail the addition of additional communal day and dining room space.

Staff shall continue to ensure that residents are offered a choice of where to have their meals at all times including the dining room on ground floor.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Checklist for lint removal to be checked daily by nursing staff to ensure it is completed. Fire drill records are up to date with further fire drills schedule.

Paper Based system PEEP's have been removed where required for all residents to ensure online system is only in use to avoid any conflicts of information for evacuation of residents. Hard copies will be printed off and filed according to fire compartment.

Records of supervision of staff after an incident will be placed in staff files going forward

Matters identified during the inspection in relation to Regulation 28: Fire Precautions and prescribed in the email from the Authority, dated the 6th February 2025 have been included in the programme of works.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
All residents have an assessment and care plan in place to guide and direct bedrail use in the nursing home. Since the inspection, bedrail use has been reviewed in full for all residents to use alternatives to restraint. Monthly restrictive audit now in place.

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 7 (3)	A registered provider must provide the chief inspector with any additional information the chief inspector reasonably requires in considering the application.	Not Compliant	Orange	30/07/2025
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.	Not Compliant	Orange	02/07/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared,	Substantially Compliant	Yellow	14/04/2025

	cooked and served.			
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	14/04/2025
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.	Not Compliant	Orange	30/07/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/07/2025
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.	Substantially Compliant	Yellow	30/07/2025
Regulation 28(1)(e)	The registered provider shall	Substantially Compliant	Yellow	30/07/2025

	ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/07/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/07/2025
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/07/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in	Substantially Compliant	Yellow	30/04/2025

	a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			