



**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:	Riverside Nursing Home
Name of provider:	Riverside Care Centre Limited
Address of centre:	Milltown, Abbeydorney, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	02 November 2022
Centre ID:	OSV-0000274
Fieldwork ID:	MON-0038339

## About the designated centre

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

Riverside nursing home is a 27-bedded nursing home located close to the village of Abberdorney, Co. Kerry. All residents are accommodated on the ground floor in 12 twin and three single bedrooms. The centre provides 24-hour nursing care to both female and male residents with a range of diagnoses, including dementia. Communal space comprises a large combined sitting and dining room, a sitting room and a smaller room that can be used for residents to meet with visitors in private. There is also secure outdoor space.

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

Number of residents on the date of inspection:	25
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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 2 November 2022	15:30hrs to 19:00hrs	Breeda Desmond	Lead
Thursday 3 November 2022	08:30hrs to 14:30hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met most of the residents on the day of the inspection. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided, and said that staff were kind and helpful. There was a pleasant, relaxed and homely atmosphere in the centre.

On arrival for this unannounced inspection, the inspector was guided through the infection control assessment and procedures, which included a signing in process, temperature check, hand hygiene and face covering. Signage was displayed at the main entrance informing visitors of the COVID-19 visiting restrictions in place. Other information displayed in reception included the statement of purpose, residents' guide, complaints procedure and leaflets for people to fill in should they wish to make a written complaint. The main fire panel and certification, and registration certificate were displayed in reception. A toilet for visitors was available here.

There were 25 residents residing in Riverside Nursing Home at the time of inspection. An opening meeting was held with the person in charge which was followed by a walk-about the centre. Residents' accommodation was on the ground floor with staff facilities located on the first floor. Bedroom accommodation comprised 12 twin rooms and three single rooms with wash-hand basins; one single room had en-suite toilet, shower and wash-hand basin facilities. There were shared toilet and shower facilities for residents in the centre. Personal storage space in bedrooms comprised single wardrobes, bedside locker with lockable storage and an additional wall-mounted press. Some twin bedrooms, although they met the requirements of the regulations pertaining to size, were small and may not provide sufficient room if a resident required specialised equipment. The inspector saw that some residents bedrooms were personalised with memorabilia from home. Specialist mattress and cushions, low bed facilities and hoists were available.

There was a variety of indoor communal space available for residents in the centre, including two sitting rooms, a dining room, a conservatory, an oratory and large reception area with comfortable couches and armchairs. One resident used this space and was seen to have his snacks and tea there. These were observed to be comfortable, homely spaces and residents were seen to use them to part-take in activities, read newspapers, watch television or chat with each other.

The inspector found that the centre was generally clean and residents commented on the cleanliness of the centre on a daily basis. Staff were observed adhering to good hand hygiene practices and appropriate wearing of face masks. Additional wall-mounted hand hygiene dispensers were available following the last inspection with advisory signage explaining hand hygiene technique. Dani centres were easily accessible throughout the centre with personal protective equipment of disposable aprons and gloves. A secure storage room was available for equipment such as

wheelchairs and hoists.

The inspector observed a number of positive interactions between staff and residents during the inspection. It was evident that staff were knowledgeable of residents' needs, and were observed to be respectful, kind and caring in their approach. The inspector arrived in the afternoon of the first day of inspection and residents explained that the local priest had just left following celebration mass. They said they were delighted to have mass in the centre and this was a regular occurrence. The activities person was on annual leave and activities were not assigned to staff to facilitate meaningful activation on that day; the activities notice board had not been updated since 17th October. The inspector sat with residents in the day room during the evening time. One resident enjoyed a glass of club orange and bag of tayto's as per her usual evening routine around 18:30hrs. Snacks were offered to residents later in line with their usual routine which suited them better. Another resident had her table set with her mementos of little statues, prayers and mobile phone.

Meal-time was observed and the inspector noted that resident had choice with meals. This was especially noteworthy at supper time as each resident had something different in accordance with their request. For example, one resident had an omelette, another had a ham and cheese sandwich and bowl of soup, another had a toasted special and bowl of soup. The latter was visually impaired and the healthcare assistant gently held the residents' hands and guided them through the location and textures of the meal and stayed with the resident while they acquainted themselves with the meal. The resident preferred to be independent having their meal and the staff respected this.

The following morning, residents were seen coming to the dining room for their breakfast following personal care. Residents had a choice for breakfast, with some preferring porridge and one lady said she loved rice crispies. Some residents were served their meals in their bedrooms depending on their preference. Later in the morning, the activities person welcomed residents as they came to the day room. She sewed in buttons to a resident's cardigan and the resident was delighted to have her cardigan sorted. There was great discussion amongst the residents and staff regarding the controversial sermon given by a priest at mass in Listowel. Discussions changed to other current affairs which led to a sing-song and residents joined in; this in turn led to reminiscence where residents recounted aspects of their life. A member of staff offered residents a choice of juices or tea, and snacks and then called to residents in their bedrooms offering them refreshments. In general, communal areas were supervised, and call-bells were observed to be attended to in a timely manner.

Throughout the inspection it was noted that the door to the nurses office remained open. The inspector saw that the medication trolley was not locked and it was not secured to the wall. Other medication presses, the medication fridge and presses with clinical equipment and residents' documentation were un-secured.

Upgrades to the premises were ongoing at the time of inspection. The new sluice room was near completion with the installment of the new bedpan washer, new

shelving and secure chemical press. A new housekeeping cleaners' room had commenced; they were in the process of installing a new hand-wash sink and low disposal sink. Bedside tables were being replaced and several new curved tables were seen which were more user friendly.

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

## Capacity and capability

This was an unannounced risk inspection to monitor compliance with the regulations, to follow up on the actions from the previous inspections and following receipt of unsolicited information. The inspector found that the management team was proactive in response to issues as they arose, to improve services. Actions required from the previous two inspection (infection control inspection and monitoring inspection) relating to aspects of infection control, staff training, risk management, and fire doors were addressed. On this inspection some improvements were required in relation to fire safety evacuation practices, infection prevention and control, residents' rights, medication management, assessment relating to restrictive practice and care planning. Issues raised as part of the unsolicited information relating to medication management were substantiated; all other issues raised such as residents' choice at meal-times, assistance provided to residents at meal times, and staffing levels, were not substantiated. Evidence of these findings will be discussed throughout the report.

The registered provider of the centre was Riverside Care Home Ltd, which comprised two directors. One of these directors worked in the centre full-time, and was directly involved in its operational and day-to-day management. There was a clearly defined management structure in place. From a clinical perspective, care was directed through the person in charge. They were supported by a team of registered nurses, healthcare, domestic, catering and activities staff.

On the days of the inspection there were adequate resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Staff had access to education and training appropriate to their role and mandatory training was up to date.

The safety statement was updated on inspection to ensure regulatory compliance of annual review. The risk register was updated following the last inspection and included clinical and non-clinical risks.

Regular management meetings were taking place to discuss key operational issues impacting the running and quality of care at the centre such as falls, psychotropic medications, antibiotic prescriptions, controlled drugs and medical devices, for example. The service had consulted with and sought the expertise of an external

infection control specialist following the last inspection. The resultant comprehensive report was provided to the inspector and discussed on inspection. Management were systematically addressing the issues identified, for example, there was a new sluice room and housekeeping cleaners room near completion. When the cleaners' room with storage will be completed, the cleaning chemicals stored in the laundry will be relocated; this will enable upgrades to the laundry to commence.

All incidents occurring in the centre were notified to the Chief Inspector, as required by the regulations. An effective complaints' procedure was in place and included a regular follow-up process completed by management with complainants, to ensure that there was ongoing satisfaction with the service.

#### Regulation 14: Persons in charge

There was a person in charge of the centre, who worked full-time. The person in charge was on leave and the deputy person in charge deputised in the absence of the person in charge. She was a registered nurse with the necessary nursing and managerial qualifications, as per regulatory requirements.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection the number and skill-mix of staff in the centre was appropriate to meet the assessed needs of residents, in accordance with the size and layout of the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were supported and facilitated to attend training. A review of training records indicated that all staff had completed up-to-date training in mandatory areas such as manual and people handling, fire safety and safeguarding residents from abuse. Infection prevention and control training (IP&C) was provided on-site by a clinical nurse specialist in IP&C, as well as on-line tutorials.

Judgment: Compliant



## Regulation 19: Directory of residents

The directory of residents was updated on inspection to include the date, time and cause of death of residents in line with the requirements specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

Throughout the inspection it was noted that the door to the nurses office remained open. Residents' documentation was un-secured, which enabled unauthorised access to confidential information and a potential data breach of residents' information.

Regarding other records maintained in the centre: more robust oversight was necessary regarding medication management as follows to ensure that medication was maintained in line with professional guidelines:

- controlled drugs were not consistently signed by the nurse administering the controlled drug and the nurse witnessing the controlled drug count
- the controlled drug evening daily check was signed in the morning with the drug count detailed so it could not be assured that an actual drug count was completed to verify the drug number
- the controlled drug balance was input into the 'medication received' section; this resulted in potential errors in the drug balance
- the number of controlled drugs received were not routinely input into the records so it could not be assured that the count was accurate
- when controlled drugs were returned to the pharmacy, accurate records were not maintained; consequently it appeared that some controlled drugs were missing,
- photographic identification was not in place for all residents as part of their medication management.

Judgment: Substantially compliant

## Regulation 23: Governance and management

While there was a programme of audit in place, it did not ensure that the service was safe, appropriate or effectively monitored. This was evidenced under regulations relating to medication records maintained, accessibility of areas of risk such as medication storage, and accessibility of residents documentation records.

These were discussed under applicable regulations.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of incidents and accidents which occurred in the centre was well maintained. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the Chief Inspector. Incidents such as falls were regularly analysed and reviewed, to identify any trends, and minimise the risk of recurrence.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of the complaints records found that complaints were promptly managed in line with the regulatory requirements. The outcome of complaints was recorded, as was the complainants level of satisfaction. The complaints policy and procedure was available and prominently displayed within the centre.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Riverside Nursing Home. There was a lovely friendly relaxed atmosphere where staff actively and socially engaged with residents in a respectful manner.

In general, residents had timely access to health care services including occupational therapy, physiotherapy, speech and language therapy, dietetics, optometry, dentistry, mental health services, psychiatry of older age and tissue viability nursing. However, there was a delay in referring one resident for specialist assessment; this was further discussed under Regulation 6 Health care. The residents' general practitioners (GPs) attended the centre for regular medical reviews. A comprehensive pre-admission assessment was completed prior to residents taking up residency to ensure the service could cater for their needs. Each resident had a comprehensive assessment of their health, personal and social care needs on admission to the centre. This included the use of validated screening and assessment tools, and there was evidence of input from appropriate allied health care professionals where necessary. However, care plans were not always

developed to support the assessed needs of residents.

Behavioural support plans were in place to support residents and staff; records seen demonstrated that staff had good insight into possible triggers that may upset a particular resident, and responses that may de-escalate such behaviours. The inspector observed that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. Some improvements were required in the use of bed-rails to ensure that practices and policy were in line with national policy; this was discussed further under Regulation 7.

Residents were facilitated to access advocacy services and information relating to advocacy services were displayed at reception. Residents' documentation showed thorough reports and assistance provided to residents by advocacy staff to enable better outcomes for residents.

A new pharmacist had taken over the pharmacy; during the inspection they contacted the service to arrange a meeting to discuss the centre's requirements to ensure it would be a smooth transition and provide a resident-centred approach to the service. Medication management and controlled drug records were examined and these required further attention to ensure they were maintained in line with professional guidelines.

Some improvements were noted with regards to fire safety since the previous inspection. For example, daily, weekly, fortnightly and monthly fire safety checks were now comprehensively completed; and fire doors were replaced. Frequent fire drills were now taking place in the centre, including evacuations of full compartments. However, these had not been systematically carried out with minimal staffing levels. This was further discussed under Regulation 28, Fire safety.

An external infection control audit was completed by an infection control nurse specialist. The director discussed this and detailed the actions completed to date, the ongoing works as described earlier in the report, and project to upgrade the premises to ensure it would comply with current legislation and national standards.

There were appropriate arrangements in place to monitor for the risk of COVID-19 being introduced into the centre. There was signage available throughout the centre reminding staff, residents and visitors of the protocols to follow in maintaining effective infection prevention and control measures. Throughout the inspection, these measures were observed to be adhered to by staff and residents. Signage was displayed at the main entrance informing visitors of COVID-19 visiting restrictions in place; this was removed during the inspection in line with current HPSC guidance relating to visiting requirements as there was no suspected or confirmed COVID-19 cases in the centre.

Regular residents meetings were facilitated. Minutes seen showed that their feedback was sought. This included feedback regarding menu choice, requesting staff to knock on bedroom doors before entering and requesting staff to wear name badges. However, the inspector observed that most staff did not wear name

badges.

### Regulation 11: Visits

There were comprehensive systems in place to guide visitors through appropriate COVID-19 safety checks upon entry to the centre. Signage was displayed at the main entrance informing visitors of the COVID-19 visiting restrictions in place; as there were no suspected or confirmed cases of COVID-19 in the centre, the restrictive visiting signage was removed during the inspection in line with current guidance relating to visiting in residential care settings.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to a single wardrobe for hanging and storing their clothes. A single wardrobe would not provide adequate hanging and storing space, and was inadequate for people living in a residential care facility.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents food and nutrition status was assessed using validated risk assessments. Residents' documentation showed they had timely access to dietician and speech and language specialist to enable better outcomes. Reports following these reviewed were available as part of the residents documentation.

Observation of meal times and feedback from residents showed that residents had choice for all their meals and residents reported that they could have 'whatever they wanted' and were delighted with the quality of their food.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Documentation regarding transfer of a resident to another care facility was seen; transfer information was comprehensive and including their infection status,

previous antibiotic history and multi-drug resistant (MDRO) status.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy and risk register was available for review and complied with the legislative requirements. The risk register was evaluated and updated since the previous inspection to ensure that the risks identified were current, and controls to mitigate risks were actioned. There were also arrangements in place to review incidents and accidents with controls put in place to mitigate the risk of recurrence.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that while there was a project plan to address infection control issues, the following remained outstanding:

- the clinical hand-wash sinks in the centre did not comply with current recommended specifications.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector was not assured that residents could be safely evacuated in the event of a fire at night when staffing levels in the centre were reduced to two people, as the inspector saw that just two drills were completed with the minimum number of staff on night duty from 22:00 – 07:00 hrs; this was especially relevant as there were a number of recently recruited staff in the centre. The provider was requested to complete fire drills cognisant of this until such time as all staff had completed these drills and evacuations, and that they were assured of the safety of residents in the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans. While a comprehensive assessment was completed for residents, the associated care plans were not always developed to guide staff on the appropriate care required. Care plans in place were based on 'problem identification' and detailed care associated with the problem identified, however, care plans were not in place to maintain the resident at their current level of ability or encourage health promotion to possibly improve their ability. Some care plans were not updated in accordance with regulatory requirement of four monthly as some were last updated in March 2022.

Judgment: Substantially compliant

### Regulation 6: Health care

Better oversight was necessary to ensure that care was delivered in accordance with a high standard of evidence-based nursing care as follows:

- more comprehensive wound care records were necessary to provide accurate detail of the wound to enable precise progress status, and timely referral or intervention where necessary. While there was photographic monitoring of wounds, one photograph of a wound was inappropriately taken in the day room which impinged the privacy and dignity of the resident; this photograph also had two residents in the background,
- blood sugars were not completed in line with their policy to ensure effective monitoring,
- one resident had not been referred in a timely manner to specialist services to ensure accurate diagnosis, possible changes to their healthcare management and to enable best outcomes for the resident.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Nine of the 25 residents in the centre had bed rails in place. The process for assessing residents prior to use of restraint required review as it did not reflect recommendations of national policy. There was no risk matrix to enable the assessor in the decision-making process regarding bed rails, consequently, restrictive practice decision-making was subjective and not based on a validation process. This was a repeat finding.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Activities were not re-assigned to staff when the activities person was off duty, consequently, residents did not have access to meaningful activation for those occasions, and residents reported this on the first day of inspection. The activities board was not updated since 17th October (inspection date 2nd November) to provide current information to residents regarding the activities programme available so that they could look forward to sessions.

Minutes of two residents' meetings showed that residents had requested that staff wear name badges, however, name badges were not seen for most staff on inspection. This was especially relevant as many staff were recently recruited and it would be difficult for residents to recognise or address staff.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Riverside Nursing Home OSV-0000274

Inspection ID: MON-0038339

Date of inspection: 03/11/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            All Nursing Staff have received training with regard to the completion of the Controlled Medication Book and monthly Audit of the Controlled Medication Book has been implemented. All Photo Identification has been updated and a Monthly Audit of the same has also been implemented.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            We have updated our auditing practice to include Controlled medication and medication administration records.            We have planned a review of our auditing practice for Quarter 1 2023.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:            A plan for refurbishment of the existing premises is being developed along with the plan for the proposed extension.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Clinical Hand wash sinks are in the process of being installed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Minimum staffing level fire drills have been completed and are scheduled frequently.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: We plan to undertake a review of our care planning process in 2023 and make changes where necessary to focus on health promotion  Care plans are being updated.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: All staff nurses have been booked to attend wound care training in January 2023. Staff Nurses have been reminded of the importance of preserving our residents dignity at all times. Blood sugar monitoring has been reviewed to ensure correct procedures are followed and referrals are followed up on consistently.</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  A risk assessment and risk matrix have been implemented for the use of bed rails.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  We are consistently recruiting staff to ensure that sufficient cover is available, however due to unplanned absence, the activities had not been re-assigned to cover annual leave. Name badges are being introduced.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/12/2023
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	13/12/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in	Substantially Compliant	Yellow	13/12/2022

	such manner as to be safe and accessible.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	13/12/2022
Regulation	The registered	Substantially	Yellow	13/12/2022

28(2)(iv)	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.	Compliant		
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2023
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.	Substantially Compliant	Yellow	31/12/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate	Substantially Compliant	Yellow	13/12/2022

	<p>medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.</p>			
Regulation 7(3)	<p>The registered provider shall ensure that, where restraint is used in 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.</p>	Substantially Compliant	Yellow	13/12/2022
Regulation 9(2)(b)	<p>The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.</p>	Substantially Compliant	Yellow	13/12/2022
Regulation 9(3)(d)	<p>A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.</p>	Substantially Compliant	Yellow	28/02/2023



