



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

## Issued by the Chief Inspector

Name of designated centre:	West Clare Nursing Home St Theresa's Kilrush
Name of provider:	Sundyp Limited
Address of centre:	Leadmore East, Kilkee Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	17 April 2023
Centre ID:	OSV-0000451
Fieldwork ID:	MON-0039643

## About the designated centre

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

St. Theresa's Nursing Home is a purpose built single-storey facility which can accommodate up to 40 residents. It is located close to the town of Kilrush. It accommodates both male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, respite, convalescence, palliative and dementia care. Bedroom accommodation is provided in 24 single bedrooms, six twin bedrooms and a four bedded room. All of the bedrooms have en suite toilet and shower facilities, except one which has direct access to its own dedicated shower/toilet room. There is a variety of communal day spaces including day room, dining room, sun rooms, smoking room, oratory and front reception area. Residents also have access to secure enclosed garden area.

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

Number of residents on the date of inspection:	37
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## 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
Monday 17 April 2023	09:00hrs to 18:00hrs	Sean Ryan	Lead

## What residents told us and what inspectors observed

Residents living in St. Theresa's Nursing Home told the inspector that the care and support they received was of a very high standard. Residents told the inspector that they 'felt at home' and 'relaxed' living in the centre. Residents described the staff as kind, respectful and 'interested in the work they do', and this made residents feel safe in their care.

The inspector was met by a clinical nurse manager on arrival at the centre. Following an introductory meeting with the person in charge and clinical nurse manager, the inspector walked through the premises and external garden area with the person in charge. The inspector was introduced to a number of residents in the communal dayroom and in their bedrooms. The inspector met with the majority of residents during the walk around the centre and spoke with eight residents in detail about their experience of living in the centre. Some residents were unable to articulate their views on the quality of the service they received. However, those residents appeared relaxed and content in their environment, and in the company of fellow residents and staff.

There was a warm, friendly and homely atmosphere in the centre. Residents were observed chatting with one another in the communal dayroom, and staff were seen to be attentive to their requests for assistance. Other residents were seen walking through the corridors and stopping along their walk to greet and chat to residents who were in their bedrooms. While staff were busy attending to residents' requests for assistance, residents were observed to receive patient and person-centred care from the staff. Call bells were answered promptly. Staff were observed to engage with residents in a person-centred manner, and there was a friendly relationship between staff and residents, who were seen to chat and interact with each other in a relaxed manner.

The inspector spoke with a number of residents who had lived in the centre for many years, and also residents who had recently been admitted to the centre. Overall, the feedback from residents was positive with regard to their lived experience in the centre. One resident told the inspector that they 'never imagined they would settle anywhere but in their own home' but they 'never felt more at home, living in St. Theresa's'. The residents described many aspects of the service that made them feel this way. This included the attentiveness and kindness of the staff, the quality of the food, and gentle encouragement by staff to engage in activities and make friends. The centre also had a pet dog and residents reported that this addition made the centre feel "homely".

The premises was warm, bright, spacious, and appropriately decorated for residents. The centre was laid out over one floor. Bedroom accommodation consisted of 24 single rooms, six twin rooms and one four-bedded room. All bedrooms had en-suite and shower facilities, with the exception of one single bedroom. Communal toilet and shower facilities were located in close proximity to that bedroom. A four-bedded

room was observed to be small in size and, consequently, did not facilitate all residents occupying the bedroom to have a chair, or storage facilities, in close proximity to their personal space.

Residents bedrooms were personalised with items such as family photographs, colour coordinated soft furnishings, and ornaments. Residents told the inspector that they were happy with their bedrooms and comfortable furnishings. Some residents were provided with additional equipment and aids in their bedroom, such as toileting aids, to support their independence.

While the majority of areas occupied by residents were well maintained and clean, there were some areas of the premises that were not clean. This included some bedroom en-suites and ancillary spaces such as the sluice room, laundry, and storage areas. Some supportive equipment was observed to be visibly stained.

The provider had enhanced the facilities for residents by converting an existing assisted bathroom into two en-suites for adjoining bedrooms. While those construction works were observed to be completed to a high standard, this resulted in the removal of a bath. Residents told the inspector that they were consulted about this change and felt it did not affect their choice at present, as their preference was for a shower. Residents had access to a communal day room, and there was also an enclosed garden available to residents. There was a further communal area available that was a quieter space for residents to read, meet visitors and watch television. Residents also had access to a dining room and oratory.

There was a designated internal smoking room available for residents to use. The inspector observed that the enclosed garden was also used by residents who smoke. However, this area did not have suitable facilities or protective equipment to ensure residents safety while smoking. In addition, a number of fire doors were observed to contain gaps when closed which could compromise their function to contain the spread of smoke. Some fire doors were observed to held open by pieces of furniture and cardboard wedges, again reducing their ability to contain fire and smoke in the event of an emergency.

The dining experience was observed to be a pleasant and social occasion for residents. Residents were complimentary about the food served in the centre, and confirmed that they were always afforded choice. One resident told the inspector how they looked forward to the different meal choices. Staff were observed to engage with residents during meal times and provide discreet assistance and support to residents, if necessary. The food served was observed to be of a high quality and was attractively presented. Residents in all areas had access to snacks and drinks, outside of regular mealtimes.

All residents in the centre were seen to be well dressed and it was apparent that staff supported residents to maintain their individual style and appearance. Residents told inspectors that staff helped them to choose their clothing daily, and apply their jewellery with care.

Residents told the inspector that their opinion was "valued and listened to".

Residents were provided with opportunities to express their feedback about the quality of the service during formal resident forum meetings. There was evidence that residents feedback was acted upon to improve the service they received in areas such as the activities programme and menu choices.

There was a large notice board at the main reception area that displayed a variety of information for residents. The provider had developed a number of information, and educational, booklets for residents on external services that may be of interest to them. This included information on safeguarding services, advocacy and infection prevention and control.

There were activities provided to residents throughout the day. There was a lively activity session in the day room during the morning which was attended by a number of residents. Residents who were present at the activity said they really enjoyed it. Residents were observed carrying out chair based exercises, discuss the daily news, and had a choice of bingo or a quiz in the afternoon. Bingo was described by those spoken with as a "favourite" activity mainly due to the social aspect of the game, prizes, and the fun that was promoted by the activity staff.

Visitors were seen coming and going throughout the day. A small number of visitors spoke with the inspector and expressed their satisfaction the quality of care their relatives received in the centre.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service being provided to residents.

## Capacity and capability

This was an unannounced risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the action taken by the provider to address issues of non-compliance during the previous inspection of the centre in September 2022.

The findings of this inspection were that the centre had an effective management structure that was responsible, and accountable for the provision of safe and quality care to the residents. Following the previous inspection, the provider had taken action to improve the facilities to support effective infection prevention and control measures in the centre. However, the inspector found that staffing constraints, within the housekeeping department, impacted on effective infection prevention and control measures, and some further action was required to comply with Regulation 27, Infection control. The inspector found that the management oversight of risk, the premises and its impact on residents quality of care, residents assessments and care plans, and fire precautions required further action to ensure full compliance

with the regulations.

The registered provider of the centre is the company Sundyp Limited. A director of the company was the representative of the provider, and the person in charge. Within the centre, the nursing management team consisted of the person in charge, supported by an assistant director of nursing and two clinical nurse managers. Responsibilities for key aspects of the service were delegated to members of the management team to support the person in charge maintain oversight of the quality and safety of the service provided to residents.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. This included weekly analysis of key clinical performance indicators such as incidents involving residents, restrictive practices, nutritional care needs, wounds, and the use of antibiotics. There was an audit schedule in place to evaluate clinical and environmental aspects of the service. This included audits of the physical environment, infection prevention and control, falls management, and the quality of care provided to residents. The audits informed the development of action plans which identified where improvements were required. Records showed that the action plans from these audits were communicated to the staff in their relevant departments. As a result, staff were informed about quality improvement actions that were required in their areas of responsibility and ensured that these actions were implemented.

Risk management systems were guided by the centre's risk management policy. This included maintaining a risk register to identify, record and respond to risks that may impact on the safety and welfare of residents living in the centre. However, the risk management system was not effectively implemented or monitored. For example, the risk register was generic in nature and did not detail the known risks within the centre. This included the risks associated with fire doors missing devices to hold the doors open and the risk of residents smoking in the enclosed garden. The exclusion of known risks from the centre's active risk register impacted on the centre's ability to minimise and appropriately manage risk through analysis of the risks and development of actions to mitigate the risk.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Record keeping systems ensured that records, required by the regulations, were securely stored, and accessible. A sample of staff personnel files reviewed were maintained in line with the requirements of the regulations.

On the day of the inspection, the centre had a stable and dedicated team which ensured that residents benefited from continuity of care from staff who knew them well. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The service was also supported by catering, administration, maintenance, activities and housekeeping staff. However, there was insufficient housekeeping staff on duty to clean the centre, as a result of staffing vacancies within the housekeeping department. While recruitment to fill vacant housekeeping positions was at an advanced stage, an additional staff resource had



not been allocated to cleaning in the interim. This impacted on the quality of environmental and equipment hygiene.

There was a comprehensive training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. Arrangements were in place to support and supervise staff through senior management presence.

Residents were provided with a contract of care on admission to the centre that detailed the terms on which the resident shall reside in the centre. The contract included the services covered by the nursing home support scheme, and fees for additional services the resident may wish to avail of.

### Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building. There were satisfactory levels of healthcare staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities staff and administration staff.

However, there was insufficient staffing resources in place to ensure effective cleaning of the environment is actioned under Regulation 23, Governance and management.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training such safeguarding of vulnerable people, and infection prevention and control.

Staff were appropriately supervised through annual appraisals, induction for newly recruited staff, and through senior management presence in the centre.

Judgment: Compliant

### Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely, and available for inspection.

Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

### Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and protection of residents property.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had not ensured that there were sufficient staffing resources to maintain effective housekeeping staffing levels. There was insufficient staff available to ensure that all housekeeping shifts could be covered in the event of planned and unplanned leave. This issue impacted the quality of the housekeeping service provided.

The management systems in place to monitor the quality of the service required action to ensure the service provided to residents to residents was safe, appropriate, consistent and effectively monitored. For example, risk management systems were not effectively monitored or implemented. The centre's risk register did not contain known risks in the centre. This included risks associated with;

- staffing constraints in the housekeeping department,
- fire risks associated with the external smoking area,
- impaired fire doors.

Consequently, actions to mitigate the risks to residents were not identified.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services. The contracts

outlined the services to be provided and the fees, if any, to be charged for such services.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

### Quality and safety

Overall, resident's health and social care needs were maintained by a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to health care and reported feeling safe and content living in the centre. While the provider had taken some action to ensure residents safety with regard to infection prevention and control, the actions taken were not sufficient to achieve full compliance with the regulation. Additionally, further action was required to ensure that residents' assessments and care plans accurately reflected the care needs of residents, and that the physical environment met the care and safety needs of the residents with regard fire safety, and the layout and size of a shared bedroom.

Residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. However, some care plans reviewed did not reflect person-centred guidance on the current care needs of the residents. While the inspector acknowledged that the needs of the residents were known to the staff, the care plans did not provide adequate information to guide appropriate care of the residents. This is discussed further under Regulation 5, Individual assessment and care plans.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their health care needs. Residents had access to a GP of their choice, as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment. The recommendations of health and social care professionals was observed to be implemented and reviewed frequently to ensure the care plan was effective.

A review of fire precautions in the centre found that records, with regard to the

maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were available for review. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. However, action was required to ensure full compliance with Regulation 28, Fire precautions. For example, some fire doors contained significant gaps when closed. This compromised the function of the fire doors in containing the spread of smoke and fire in the event of a fire emergency. Additionally, while fire evacuation drills were completed frequently, the records did not provide assurance that residents could be evacuated in a safe and timely manner as records did not evidence a full compartment evacuation simulating minimum staffing levels.

The provider had taken action to ensure the physical environment supported effective infection prevention and control measures, and reduced the risk of cross infection. This included the installation of two clinical handwash sinks, additional hand sanitisers and the replacement of some equipment used by residents that was damaged and not amenable to effective cleaning. A dedicated housekeeping room for the storage of cleaning equipment and preparation of cleaning chemicals had been established and was separate from the sluice room, and other storage areas. Housekeeping staff provided a demonstration of the cleaning procedure and system that was observed to conform to best practice guidelines. However, there were insufficient supervision arrangements and insufficient staffing in place to ensure that the environment and equipment were decontaminated and maintained to minimise the risk of infection. Further findings in relation to infection prevention and control are outlined under Regulation 27, Infection control.

Action had been taken with regard to the maintenance of the premises since the previous inspection. Floor coverings had been repaired and a additional storage areas had been established to minimise the inappropriate storage of equipment. The layout and design of the premises met the individual and collective needs of the residents with the exception of one shared bedroom that accommodated up to four residents. The bedroom did not meet the minimum space requirements for residents who may occupy the bedroom. For example, there was inadequate space for some residents to have chair to sit out on.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. There were secure storage facilities in place for residents for residents valuables.

There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents meetings evidenced that residents feedback, with regard to the quality of the service, was used to improve the service. There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day. Residents had access to television, radio, newspapers, and books. Internet and telephones for

private usage were also readily available.

Arrangements were in place for residents to receive visitors. There was no restrictions placed on visiting to the centre.

### Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

### Regulation 17: Premises

Action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations.

One bedroom designated to accommodate up to four residents was not of a suitable size and layout for the needs of the residents. For example;

- The bedroom did not provide each residents with the minimum floor space, as required under Schedule 6 of the regulations.
- The layout of the room meant that some residents did not have sufficient space around their bed to contain the furniture, such as a chair or bedside storage.
- The layout of one bedspace in the room meant that it was not suitable for residents who required the support of more than one member of staff, the use of a mobility aid or a hoist for transfer.

Judgment: Substantially compliant

### Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by:

- Areas of the premises that included some bedrooms, en-suites, the sluice room, and storage areas were not clean on inspection.
- Equipment used by residents were not appropriately cleaned or

decontaminated. This included urinals , commode basins and raised toilet seat frames.

- Some doors, and surfaces of equipment such as bedside tables were damaged, and this prevented effective cleaning and decontamination.
- The cleaning trolley was visibly unclean. This increased the risk of cross contamination and therefore the risk of infection to residents.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Action was required to comply with the requirements of Regulation 28: Fire precautions.

Arrangements for containing fire in the designated centre required further action. This was evidenced by;

- Some corridor fire doors along the A Wing and B Wing had visible gaps between doors when released. This could compromised the function of the fire doors to contain smoke in the event of a fire emergency.
- Poor practices were observed where fire doors were being held open by means other than appropriate hold open devices connected to the fire alarm system. This meant that the door would not close automatically in the event of a fire.
- While the centre had a designated smoking room within the building, appropriate facilities were not in place in other areas where residents smoked. For example, in the enclosed garden.

The provider did not provide assurance that the largest compartment in the centre could be safely evacuated with minimal staffing levels in the event of an emergency. While fire evacuation drills had been undertaken, the records reviewed did not evidence that an evacuation drill of the largest compartment, simulating minimum staffing levels, such as night time staffing, had been completed.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

A review of the resident's assessments and care plans found that care plans were not based on assessments, as required under Regulation 5. For example,

- A resident assessed as being at risk of impaired skin integrity, and with a pressure related wound, did not have a corresponding care plan in place to guide the care to be provided.

- Two residents assessed as being at high risk of falls were not identified as such within their care plans.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to appropriate medical and health and social care professional support to meet their needs. Residents were supported to retain their own general practitioner (GP) on admission to the centre.

Services such as physiotherapy, speech and language therapy, occupational therapy, tissue viability nursing expertise and dietitian services were available to residents through a system of referral.

The recommendations from health and social care professionals was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week. Residents detailed the past activity events that had occurred in the centre and contributed to the development of the activity schedule to ensure activities met their interests. Residents who did not participate in group activities were provided with one-to-one time.

Residents said that they were kept informed about changes in the centre through monthly resident forum meetings and daily discussions with staff and felt that their

feedback was valued and used to improve the quality of the service. This included discussions about the quality of the food, activities, staffing and the maintenance of the premises.

Residents could enjoy access to communal and private space in the centre where they could receive visitors in private, watch television or listen to the radio without impacting on others around them.

Residents were provided with access to religious services in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for West Clare Nursing Home St Theresa's Kilrush OSV-0000451

Inspection ID: MON-0039643

Date of inspection: 17/04/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staffing re: Housekeeping: Following the Inspection this has been rectified as Garda vetting has come through for the new housekeeping staff that were awaiting to start employment. Housekeeping shifts have been reviewed, schedules are under constant review so as to address the changing needs of the home. A full review and action plan of deep cleaning currently in place.</p> <p>External Smoking area Residents are always supervised by Staff or with their family member if smoking outside, however following our Inspection Fire Aprons have been sourced and made available to Residents to wear when smoking with their consent. Fire Blanket has been placed outside in these areas &amp; Fire extinguishers are located inside doorway and also now added to external area.</p> <p>Impaired Fire doors: The doors which were noted during inspection in corridor were corrected and then a review of all doors throughout the building and these were serviced by Carpenter within the week of inspection. Schedule in place with Carpenter and Maintenance to review annually or as issues noted.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: 4 bedded en-suite Room</p> <p>The 4th bed has been removed from this room. The home intends to carry out a structural review of the building and would hope to make the necessary changes so that we are in a position to apply to vary our registration so that the home can increase back</p>	

to 40 beds containing the necessary floor space as per the regulations. As of now the home is operating at 39 beds and the Statement of Purpose and Function has been amended to reflect this change.

Regulation 27: Infection control

Substantially Compliant

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

IPC

A full audit of the building has been completed following the inspection. All areas of the premises and equipment identified as not clean or damaged during the inspection have been cleaned or replaced. A schedule has been put in place with the Housekeeping staff so as to ensure any items that require attention are not missed. This is reviewed by senior management team at Monthly Governance meetings.

Regulation 28: Fire precautions

Substantially Compliant

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

Corridor Doors All doors have been fixed where required and a full review of all doors has been completed. This was completed within one week after the Inspection.

Devices holding doors open have been removed and Residents & Staff advised not to use other methods unauthorized to hold doors open.

Outdoor smoking area

A Fire blanket hanging up in outdoor areas and Fire aprons for Residents sole use sourced and encouraged to use the apron for safety. Residents if smoking outside are accompanied by Family or Staff.

Fire Scenarios will be documented more clearly by Fire instructors to indicate number of staff attending taking into account least number of staff on duty and largest compartment. Although the scenarios were being done the documentation did not reflect it clearly to indicate number of staff & location doing the scenarios at the time.

Regulation 5: Individual assessment

Substantially Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plans</p> <p>A review of documentation with the Nurses &amp; Nurse Managers took place post inspection and ways in which to identify when audits are done to ensure all information is clearly documented in timely manner. An audit schedule is now in place to ensure any omissions are rectified and completed within the week by Nurses with Nurse Managers</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 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	15/05/2023
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.	Substantially Compliant	Yellow	15/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/05/2023

	consistent and effectively monitored.			
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	31/05/2023
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	15/05/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/05/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	31/05/2023

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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