



**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:	Breffni Care Centre
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Cavan
Type of inspection:	Unannounced
Date of inspection:	14 February 2025
Centre ID:	OSV-0000489
Fieldwork ID:	MON-0046331

About the designated centre

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

The following information has been submitted by the registered provider and describes the service they provide. The designated centre provides 24-hour nursing care to 18 residents over 65 years of age, male and female who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre is a single story building opened in 2001. Accommodation consists of four three bedded rooms, one twin bedroom and four single bedrooms. An additional bedroom is designated for the provision of end of life care. Communal facilities include Sitting room, dining/day room, an oratory, visitors' room, hairdressing salon, smoking room and a safe internal courtyard. Residents have access to three assisted showers and a bathroom. The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Friday 14 February 2025	08:50hrs to 16:45hrs	Catherine Rose Connolly Gargan	Lead
Friday 14 February 2025	08:50hrs to 16:45hrs	Sarah Armstrong	Support

What residents told us and what inspectors observed

Overall, the residents were relaxed and generally content with their living environment, and expressed their satisfaction with the clinical care that they received and the service provided to meet their needs. However, a number of residents expressed their discontent with the social activities available to them. This feedback concurred with the inspectors' observations during the day.

An introductory meeting was carried out with the person in charge, followed by a walk around the centre. This gave the inspectors an opportunity to meet with residents and staff and, to observe the residents' day-to-day routines in the centre. The inspectors communicated with a number of residents who said that they were 'happy', 'well looked after' and 'the staff are very good and you get the best of attention here'. The inspectors observed that staff were attentive to residents' needs for assistance and were respectful and kind in their interactions with residents.

While a number of residents preferences to get up later from bed in the morning were respected, those residents who were up and resting in the sitting room spent the morning watching television. A newspaper reading activity was scheduled for the residents but this did not occur as the inspectors were informed that the staff member responsible for collecting the newspapers was on leave on the day. No arrangements were in place to ensure that residents could participate in the scheduled newspaper discussion or that a suitable alternative activity was provided during the morning. Although not displayed on the notice board, during the afternoon residents enjoyed two different interactive group activities facilitated by healthcare staff in the main sitting room and in the sitting/dining room. Residents were seen participating and were clearly enjoying these activities during the afternoon.

The inspectors observed that one of the multi-occupancy bedrooms with three beds was devoid of natural light and maintained in darkness throughout the day of the inspection in line with one resident's preference. The inspectors observed that this was having a negative impact on another resident who slept throughout the day in this bedroom and did not have opportunity to participate in any social activities. The inspectors' findings are discussed further in the quality and safety section of this report.

The inspectors observed that the centre premises was generally well laid out to meet residents' needs and the residents' lived environment was warm and comfortable. The premises was arranged in a quadrangle design and was shared with primary care services. One corridor was dedicated to primary care services which included general practitioner (GP) surgeries. Since the last inspection, the provider had installed a secured door on the corridor between the designated centre and the primary care services unit. This ensured that unauthorised access by

members of the public through the rear entrance of the designated centre was no longer permitted.

The inspectors observed that residents' bedrooms, communal areas and circulation corridors were well maintained. Residents expressed satisfaction with their bedroom accommodation and the storage space provided for their belongings. Residents' bed spaces were well defined by the placement of bespoke storage units vertical to the walls behind their beds. The inspectors also observed that this arrangement enhanced each resident's privacy in multiple occupancy bedrooms. Many of the residents had personalised their bedrooms and bedspaces with their personal items, including their family photographs and artwork. However, the inspectors observed that one of the multi-occupancy bedrooms with three beds was devoid of natural light and maintained in darkness throughout the day of the inspection. This arrangement was in line with one resident's preference. Whilst the arrangement supported the preferences of one of the three residents accommodated in this bedroom, inspectors found that the darkness during day light hours was negatively impacting on the quality of life for the other two residents and as such needed review.

The communal rooms available for residents' use were comfortable and were appropriately furnished to meet residents' needs. A small seating area with a fireplace with an electric fire was located in the reception area of the centre. The inspectors were informed that many of the residents liked to meet with their visitors or to relax in this quieter area. A designated visitor's room was also available to facilitate residents to meet their visitors in private outside of their bedroom if they wished. The circulation corridors were wide and had handrails fitted throughout to support residents' safe mobility and independence. However, the inspectors observed that grabrails were not fitted in one communal toilet used by residents.

Most residents spent their day in either the main sitting room or in the sitting dining room. One area of the sitting dining room was furnished and decorated as an olden style kitchen. A specialised table was available in this area to facilitate residents resting in larger assistive wheelchairs to sit in closer to a table surface.

The inspectors observed that although, there was a staff member present in the main sitting room throughout the day, the residents in this room were not provided with opportunities to participate in meaningful activities or social interactions. There was a high dependence on the television to meet residents' activity needs on the day. The inspectors observed that with the exception of a Mass streamed from a local church, most of the residents were not watching the programmes that were showing with a number of residents falling asleep in their chairs. These observations reflected the residents' feedback on the day. In addition, the inspectors found that appropriate activities were not provided for those residents who spent most of their days in their bedrooms. The inspectors' observations concurred with residents' documentation which showed that many of the residents' participation in social activities was limited.

Residents told the inspector that they would talk to any member of the staff or their family if they were worried about anything or were not satisfied with any aspect of

the service. During the inspectors' conversations with residents, they confirmed that they were listened to by staff, and any issues they ever raised were addressed to their satisfaction. Residents told the inspectors that they felt safe and secure in the nursing home.

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

Capacity and capability

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection found that there was established governance and management structures in place, however, significantly improved oversight and focus by the provider is required in order to bring this designated centre into compliance with the regulations and ensure that the care and services provided for residents are safe, appropriate and in accordance with the centre's statement of purpose. Although some improvements were found on this inspection the inspectors also found that compliance in other regulations had not been sustained and this was negatively impacting on the quality and safety of the service and on residents' quality of life.

The registered provider of Breffni Care Centre is the Health Service Executive (HSE), and a service manager was assigned to represent the provider and oversee the operation of the designated centre. As a national provider involved in operating residential services for older people, this designated centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

The designated centre's local management structure consisted of a person in charge and a clinical nurse manager. While there was adequate numbers of nursing and care staff, the inspectors found on the day of inspection, that allocation of staff did not ensure that there was staff available with appropriate knowledge and skills to ensure residents were adequately supported to participate in meaningful social activities to meet their interests and capacities.

All staff working in the centre had received up-to-date mandatory training which included fire safety training, safe moving and handling and safeguarding training. While staff were facilitated to attend professional development training, staff with allocated responsibility for meeting residents' social care needs did not demonstrate appropriate knowledge and skills to ensure residents' social needs were met. This was negatively impacting on many of the residents' quality of life. Furthermore, staff did not demonstrate the knowledge and skills to appropriately respond to and manage the responsive behaviours of one resident. As a result, other residents' rights and quality of life were being negatively impacted. Training in recognising and

managing residents' responsive behaviours was planned but had not been provided at the time of this inspection. d.

The provider had comprehensive systems in place to monitor the quality and safety of the service, however these systems were not identifying non-compliances as found on this inspection and consequently these non-compliances were not being addressed.

Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff however a review of staff files found that references were not maintained as required under Schedule 2 of the regulations.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified as required by the regulations, to the Health Information and Quality Authority within the specified timeframes.

Regulation 15: Staffing

The registered provider had not ensured that the skill mix of staff was appropriate to the needs of the residents. This was evidenced by;

- Staff did not demonstrate the skills and knowledge to respond to residents who presented with responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.)
- Staff allocated to provide social care activities for the residents on the day of the inspection did not demonstrate appropriate skills and knowledge to ensure that each resident was provided with a meaningful social activity programme in line with their interests and capacities. Consequently, residents spent long periods with little to do apart from watching television. This is a repeated finding from a previous inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to mandatory training to meet their training requirements however improvements were required to ensure additional training was provided in line with the resident profile in the centre. These findings have been set out under Regulation 15: Staffing.

Staff who were allocated to provide activities for residents on the day of the inspection were not adequately supervised by senior staff. As a result the planned

activities schedule was not provided and a number of residents did not have opportunity to participate in meaningful social activities in line with their interests and capacities.

Judgment: Substantially compliant

Regulation 21: Records

Further to the inspectors' review of a sample of staff employment files, the inspectors found that the information was incomplete as follows;

- there were gaps in the employment records in two staff files
- one employment reference for one staff did not include the dates of employment. Furthermore there was no information that this was followed up by the provider regarding verification of dates of this staff member's previous employment.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management and oversight systems in place were not effective in maintaining compliance with the Health Act 2007 (Care and Welfare of resident in Designated Centres for Older People) Regulations 2013 and ensuring that residents' care and services were delivered in line with the centre's statement of purpose. For example;

- The provider's oversight of the management of responsive behaviours in the centre did not ensure that staff practices were in line with national guidance and that residents' right were upheld. This is discussed further under Regulations 7: Managing behaviour that is challenging and Regulation 9: Residents' rights.

The provider had failed to fully implement the compliance plan following previous inspections. As a result the designated centre remained non compliant in a number of the regulations and this was impacting on the quality of life and safety of the residents. For example;

- the provider had not ensured that residents had opportunity to participate in meaningful social activities to meet their needs.
- residents' care documentation was not completed to the required standards to ensure their care needs were effectively communicated to all staff.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place that contained the information required under Schedule 1 of the regulations. The statement of purpose had been reviewed and updated within the previous 12 months.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of any notifiable outbreaks of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents' health and nursing care needs were being met to a satisfactory standard but actions continued to be necessary by the provider to ensure residents had adequate access to dietician and tissue viability specialist services to meet their needs.

Staff knew residents well and overall, residents' daily routines reflected their individual preferences. However, improvements were required in relation to supporting those residents who displayed responsive behaviours to ensure these behaviours did not impact on other residents' rights and wellbeing.

Residents' needs were comprehensively assessed and risk assessment tools were used by staff to assist them with identifying residents' needs and developing their care plans. All residents had a care plan in place. However, the inspectors found that a number of residents' care plans did not provide information that was up-to-

date and did not clearly set out the care interventions required to meet each individual resident's needs.

Residents' needs and preferences for social engagement and meaningful occupation were generally assessed. However, residents were not adequately supported with opportunities to participate in meaningful social activities to meet their interests and capacities. This observation by the inspectors was supported by the record of the social activities residents participated in and by residents' feedback on the day. This is a repeated finding from previous inspections and is discussed further under Regulation 9: Residents' Rights.

The provider had completed fire safety works in recent years to ensure effective compartmentation and an effective fire evacuation strategy. While a number of measures were in place to ensure residents were protected from the risk of fire, the records of fire equipment checks did not provide assurances that fire doors were checked every week to ensure the fire doors were operating as required.

Residents were mostly protected from risk of infection and the provider continued to have effective measures in place to protect residents. However, some further actions were necessary to ensure residents' safety from infection and are discussed under Regulation 27: Infection Control.

Residents' accommodation was provided on ground floor level throughout in four single-occupancy bedrooms, one twin-occupancy bedroom and four multi-occupancy bedrooms with three beds in each. The twin-occupancy bedroom and the four multi-occupancy bedrooms had en-suite toilet and wash basin facilities available. Sufficient communal shower and toilet facilities were provided to meet the residents' needs and these were conveniently located close to bedrooms and communal rooms. There was adequate storage facilities for residents' assistive equipment. Following the last inspection the provider had taken appropriate measures to protect residents and ensure that no unauthorised access was allowed into the designated centre.

Overall residents' rights were upheld by staff and residents were supported to make choices about their care and daily routines. These choices were respected by staff. Where a resident declined care or services this was respected by staff. Staff were seen to respect the privacy of residents and were seen to knock before entering a resident's bedroom and sought the resident's consent before commencing care interventions. However inspectors found that by ensuring the expressed choices of one resident were being met managers and staff had failed to take into account the impact these arrangements were having on the rights and well-being of other residents sharing a bedroom with the resident. This difficult situation needed urgent review and was discussed with the provider and person in charge on the day.

Residents' meetings were regularly convened and issues raised by residents for areas needing improvement were addressed.

Residents had access to religious services and were supported to practice their religious faiths in the centre. An oratory was available to residents to say prayers or for quiet reflection.

Regulation 11: Visits

There were no restrictions in place on residents' family and friends visiting them, and visitors were observed visiting residents in the centre throughout the day of the inspection. Practical infection prevention and control precautions were in place to protect residents from risk of infection, whilst maintaining open visiting arrangements in the centre. Residents who wished to, were able to meet with their visitors outside of their bedrooms in a private visitor's room or in a seating area in the reception.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises did not meet the requirements of Schedule 6. For example;

- The curtains on the windows in one multi-occupancy bedroom with three beds were not properly secured on the curtain rail.
- Grab rails were not in place on one side of the communal toilets used by residents. This did not support residents' independency and posed a falls risk to them.
- The hairdressing room did not have adequate ventilation to effectively remove hair products fumes.
- Paint was missing on the wall surface by a sink in one of the bedrooms.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider mostly met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018). However, further action was required to ensure residents were effectively protected from the risk of infection. For example;

- A cleaning trolley was not effectively cleaned and inspectors observed areas of this cleaning trolley in use on the day of this inspection were not clean.
- The surface of a transport trolley with hand towels was unclean, and the inspectors observed dust and sediment on the shelf surfaces.

- There was brown staining on the surface around the water drainage outlet of a sink located close to one of the residents' dayrooms.
- There was a malodour present in one of the communal shower rooms and in the visitors' toilet. The malodour in the visitors' toilet is a repeat finding from a previous inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Assurances regarding residents' safety in the event of a fire in the centre were not adequate as follows;

- Evidence was not available that the function and integrity of the fire doors were checked as part of the weekly checks of key fire safety equipment. This meant that a system was not in place to identify fire doors that may not be functioning as required.
- Oxygen cylinders were not stored safely. An oxygen cylinder was stored in a clinical room containing potentially combustible materials. Assurances were not available that the risk posed by this storage was appropriately assessed to ensure any risk to residents' fire safety was effectively managed and appropriately mitigated.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Although, each resident's needs were assessed and a care plan was developed to meet their needs, some residents' care plans did not ensure that this information was up-to-date and clearly set out the care interventions required to meet individual resident's needs. For example;

- A behaviour support care plan developed for one resident who experienced responsive behaviours that were negatively impacting on other residents' rights did not detail person-centred strategies to guide staff with supporting them and effectively de-escalating this resident's behaviours.
- Assurances that residents' needs to ensure their skin integrity were not adequate. For example, information was incomplete to give assurances that a resident with a pressure related skin wound was supported to change their position with the frequency set out in their care plan and skin bundle guidelines. Furthermore, sufficient information to guide staff on the pressure relieving equipment to be provided for two residents with assessed high risk to their skin integrity were not detailed in their care plans.

- One resident's recommended fluid intake over each 24 hour period was not detailed in their care plan information. This posed a risk that this pertinent information to support this resident's wellbeing and to mitigate their risk of dehydration would not be communicated to all staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents with unintentional weight loss did not have adequate access to a dietician and tissue viability nursing specialist. The dietician and tissue viability nurse specialist completed residents' assessments and treatment plans remotely based on information provided to them by nursing staff in the centre. This meant that residents did not have opportunity to discuss their needs and treatment plans with the dietitian and tissue viability nurse specialist if they wished to do so.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Not all staff had been facilitated to attend training in responding to and managing residents' responsive behaviours. Consequently, not all incidents of residents' responsive behaviours were recognised as such and appropriately responded to. As a result, inspectors found that the interventions implemented to support one resident who displayed high levels of responsive behaviours were negatively impacting on the rights and wellbeing of other residents.

Judgment: Not compliant

Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents from abuse. Staff were facilitated to attend up-to-date safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspectors that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Not all residents had access to meaningful activities in line with their preferences and capacities. For example, the inspectors were not assured that those residents who were not able to enjoy large group activities/entertainments without one-to-one support from staff had adequate access to appropriate social activities to meet their needs. This was validated by the inspectors' observations, residents' feedback, a review of the records of the social activities attended by residents which showed that residents did not have access to suitable social activities in line with their preferences and capacities for several days prior to the inspection.

The rights of some residents to make choices in respect of their their living environment and daily routines had not been upheld by a decision made by the clinical team in response to another resident's responsive behaviours. The residents were sharing a multi-occupancy bedroom which was kept in darkness at all times to meet the expressed choice of one of the residents. This meant that the other two residents could not open the curtains or turn on the lights when they were resting in the bedroom. This arrangement was having a negative impact on one resident's wellbeing and quality of life and required urgent review.

Judgment: Not 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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
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	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Breffni Care Centre OSV-0000489

Inspection ID: MON-0046331

Date of inspection: 14/02/2025

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
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: All staff have received training in Professional Management of Complex Behaviours. Training was provided on 31/03/2025, 01/04/2025, 14/04/2025. To date 94% of clinical staff have received training. The remaining 6% of staff will receive training on the 28 th April 2025. Records of attendance at this Training will be available in the Centre. The Centre's Training Metrix will be updated accordingly.</p> <p>To ensure appropriate oversight of staff working in the Designated Centre and to ensure staff are appropriately skilled having regards to the resident's needs and taking into consideration the layout of the Centre the Management Team have reviewed the Staff Roster to ensure only HSE staff working in the Designated Centre are allocated to provide social care activities. The Senior Staff Nurse on duty is responsible for ensuring that meaningful activities, appropriate to the resident's assessed needs are provided in line with the Centre's Activity Schedule and in consultation with the residents. The Clinical Nurse Manager and / or the Person in Charge carries out Governance walkabouts on a daily basis to ensure mening activities are provided to the resident's in line with the Centre's Activity Schedule. Records of same are available to the Inspector on request. A review of the activity schedule has been carried out. Following this, a new activity program has been developed to reflect the individual interests of the residents. This will ensure each resident will be provided with meaningful social activity.</p>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	

Additional training has been delivered on 31/03/2025, 01/04/2025, 14/04/2025 and an additional date is planned for 28/04/2025 in Professional Management of Complex Behaviours, this will ensure staff will have the required skill set to meet the needs of the residents residing in the Centre. Records of attendance at this Training will be available in the Centre. The Centre's Training Metrix will be updated accordingly.

The Clinical Nurse Manager II working in the Centre is currently undertaking a Postgraduate Diploma in Professional Practice (Professional Management of Complex Behaviour in Clinical Practice), this will translate into practice, with onsite support for staff in meeting the needs of residents whom display responsive behaviours.

To ensure appropriate oversight of staff working in the Designated Centre and to ensure staff are appropriately skilled having regards to the resident's needs and taking into consideration the layout of the Centre the Management Team have reviewed the Staff Roster to ensure only HSE staff working in the Designated Centre are allocated to provide social care activities. The Senior Staff Nurse on duty is responsible for ensuring that meaningful activities, appropriate to the resident's assessed needs are provided in line with the Centre's Activity Schedule and in consultation with the residents. The Clinical Nurse Manager and / or the Person in Charge carries out Governance walkabouts on a daily basis to ensure meaningful activities are provided to the resident's in line with the Centre's Activity Schedule. Records of same are available to the Inspector on request. A review of the activity schedule has been carried out. Following this, a new activity program has been developed to reflect the individual interests of the residents. This will ensure each resident will be provided with meaningful social activity.

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Human Resource Department have provided the relevant information to explain gaps in</p> <ul style="list-style-type: none"> • employment records of the two staff files, • the dates of employment for one employment reference, • The verification of dates of a staff members previous employment <p>All staff files have been reviewed and are maintained as required under Schedule 2.</p>	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

To ensure that the Service provided in the Designated Centre is safe, appropriate, consistent and effectively monitored a full review of the Management and Oversight systems was carried out to ensure effective Governance of the Designated Centre, thus ensuring that resident's care and services are delivered in line with the Centre's Statement of Purpose. A new system has been introduced to capture trend analysis of all audit findings. This system informs the Centre's Quality Performance Indicators. All identified actions are time bound with identified responsible persons.

A new pathway in the Management of Responsive Behaviours was introduced to ensure staff practices are in line with National Guidance and that residents rights are upheld at all times. This pathway identifies the resident's responsive behavior, triggers, the least restrictive interventions and person-centred strategies to guide staff with supporting them and effectively de-escalating the resident's behaviors. The Clinical Nurse Manager II working in the Centre is currently undertaking a Postgraduate Diploma in Professional Practice (Professional Management of Complex Behaviour in Clinical Practice), this will give additional support to staff working in the Centre.

A review of the activity schedule occurred in March 2025 following consultation with residents and their families thus ensuring residents have the opportunity to participate in meaningful activities. To ensure residents are provided with activities that they wish to participate in, the activities are supervised by the Senior Staff Nurse on duty.

Resident Satisfaction with activities provided has now being placed as a standing agenda item at the monthly resident focus group meeting.

A new Care Plan Audit has been introduced to identify deficiencies in residents care plans. This is carried out by Clinical Nurse Manager 2 and audit findings are reported to Person in Charge who using the audit data to compile a Quality Improvement Plan. This system informs the Centre's Quality Performance Indicators. All identified actions are time bound with identified responsible persons. This ensures resident's care documentation is completed to the required standards thus ensuring their care needs are effectively communicated to all staff.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The Person in Charge has in place a Maintenance Schedule for the Designated Centre to ensure the premises are adequately maintained and meets the resident's needs.
The Person in Charge / CNMII carries out Governance Walkabout to ensure maintenance issues are identified and rectified in a timely manner. Records of same are available to the Inspector on request.

The curtains on the windows in the multi-occupancy room are now properly secured on the curtain rail.

Grab rails are now in place in all communal toilets used by residents.

The Provider has sourced an external Contractor to fit an extractor fan in the Centre's Hairdressing room. This will be completed on 21st May 2025, thus ensuring that the premises is adequately maintained and meets residents needs at all times.

Wall surface by a sink in one bedroom has been painted

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

All cleaning and transport trolleys have been cleaned as part of cleaner's daily checklist. Shelving has been cleaned and is also now on a daily checklist to ensure it is kept clean. Both these checklists are countersigned by the senior nurse on duty at 17:00 hrs.

The brown staining has been removed from the surface around the water drainage outlet of a sink located close to the resident's dayroom.

Maintenance has visited the Centre on the 25th March 2025 in relation to the malodours in the communal shower room and visitor's toilet, they have recommended areas to be flushed three times daily. Records of flushing will be available on inspector's request. Automatic air freshener dispenser will be installed on these areas by 30th April 2025.

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

- A weekly check of the fire doors function is carried out when the fire alarm is activated on the weekly check by the maintenance. The integrity of the fire door will now be added to a weekly checklist from 15th April 2025 carried out by Clinical Nurse Manager II.

A risk assessment has been carried out by the Fire Officer in relation to the storage of an oxygen cylinder in the treatment room. The cylinder is stored in the treatment room, upright and secured by chains to prevent from falling over. The room has a window and is ventilated. The treatment room is enclosed in 30 minutes fire rated construction, with FD30s fire door. The room is provided with a smoke detector and emergency lighting.

The location of the oxygen cylinder is away from ignition sources, it is placed beside the door away from radiator. A daily checklist has been introduced on the 10th April 2025 to ensure the correct storage of oxygen.

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:</p> <ul style="list-style-type: none"> • The behavioural support plan of the resident who experienced responsive behaviours that were negatively impacting on other residents' rights has been updated, it now contains person-centred strategies to guide staff with supporting them and effectively de-escalating the resident's behaviours. • The repositioning of residents with high risk to their skin integrity are repositioned in accordance with their care plan, the senior nurse on duty has the responsibility to ensure each resident is repositioned in line with their SSKIN bundle. This is discussed at each handover and safety pause. Records will be available on inspector's request. • All pressure relieving equipment in use for every resident is now documented in each resident's care plan. • The recommended fluid intake for the resident over the 24 hour period is now detailed in their care plan. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All residents with unintentional weight loss now have access to a dietitian onsite since 24th March 2025.</p> <p>All residents who require Tissue Viability Nurse Specialist input will be reviewed by the TVN Specialist on-site in the Designated Centre. Remote assessments from photographs are no longer accepted in the Designated Centre. A Standard Operating Procedure is now in place. All Staff Nurses understood and signed the Standard Operating Procedure. There is a Tissue Viability Link Nurse working in the Centre to give additional support and guidance to staff.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p>	

All staff will have received training in the Professional Management of Complex Behaviours by 29/04/2025. Records of attendance at this Training will be available in the Centre. The Centre's Training Metrix will be update accordingly.
This will ensure all incidents of residents' responsive behaviours will be recognized and appropriately responded to.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The activity schedule has been reviewed following consultation with residents and their families to ensure all residents have access to meaningful activities in line with their preferences and their capacities.

One to one activities for those residents whom are unable to participate in large groups, have been particularly focused on. Additional one to one activities have been provided for example animal therapy. Pet farm attended unit for this therapy on 28/03/2025. Residents now have the opportunity to go down the town in the morning with the staff member who collects the newspaper. This has proved very popular with some residents, as it has given them access to their local community.

Other one to one activities: Nail painting, hair/face treatment, foot spa, newspaper reading, gentle hand exercise, book reading, pairing of socks and board games

To ensure resident choice in their daily living environment and daily routines, the Clinical Team have reviewed the use of single bedrooms in the Designated Centre.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	29/04/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/04/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/04/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/10/2025

	provide premises which conform to the matters set out in Schedule 6.			
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	03/03/2025
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	30/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Substantially Compliant	Yellow	10/04/2025

	fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	15/04/2025
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	17/02/2025
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	25/03/2025
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in	Substantially Compliant	Yellow	24/03/2025

	paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	29/04/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	29/04/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	27/03/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise	Not Compliant	Orange	14/03/2025

	choice in so far as such exercise does not interfere with the rights of other residents.			
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