



**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:	Plunkett Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Elphin Street, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0000653
Fieldwork ID:	MON-0039357

About the designated centre

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

The Plunkett Community Nursing Unit is a purpose-built facility that has been operating since 1972. It can accommodate 33 residents who require long-term residential care and two residents who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that the aim of the service is to provide residents with the highest possible standard of care delivered with respect, dignity and respecting the right to privacy in a friendly, homely environment to enhance their quality of life. The centre is a single story building and is located in the town of Boyle, Co. Roscommon. It is close to the shops and the railway station. Bedroom accommodation consists of 15 single, and nine double rooms. Communal space includes a large sitting room, a dining area, an oratory and a visitor's room. The centre has two secure garden areas that are available for resident use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 February 2023	10:15hrs to 18:40hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life. There was evidence to show that residents were offered choice in key aspects of their care which included how they wished to receive personal care support, what clothes they would like to wear and a relaxed approach, as to when residents retired in the evening and the time they arose in the morning. Residents who expressed a view told the inspector that this was a good place to live and that staff were supportive and kind.

There was good use of notice boards in the centre to update residents on the availability of activities, access to advocacy and on how to register a complaint. While resident meeting records confirmed that residents were communicated with, the frequency of these meetings required review to ensure that residents meetings were being held in line with the frequency outlined in the centres statement of purpose.

The inspector spoke with a number of visitors who attended the centre to see their relatives and the feedback received was very positive. Visitors stated that there was good communication with the centre and that they were kept informed of any significant change to the welfare of their relative.

The centre is a single story building and is located in the town of Boyle, Co. Roscommon. It is close to the shops and the railway station. Bedroom accommodation consists of 15 single, and nine double rooms. Communal space includes a large sitting room, a dining area, an oratory and a visitor's room. There are two enclosed garden areas which were available for residents to access which contained sufficient seating and were well-maintained. The provider had carried out a series of works to improve the facilities available for residents to use in the centre, which included the renovation of one of the garden areas. At the time of the inspection there were no residents observed to be accessing this area due to poor weather conditions. Resident's who expressed a view mentioned that they enjoyed the outdoor garden areas and looked forward to sitting out in the garden when the weather improved.

Residents were supported to attend the large sitting room area in order to participate in planned activities. This was a busy area with staff observed assisting residents to and from this space throughout the day. Many residents were observed to be using comfort chairs and required staff to assist them access other communal areas of the home, including accessing their own bedrooms and toilet facilities. The inspector observed activities provided which included an exercise game and a reminiscence activity which residents appeared to enjoy. Residents who attended these activities were supported and encouraged to participate by the staff team present.

There was good levels communication observed between staff and residents. At the

time of inspection there was a small number of residents that had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), they were observed to be supported in a person centred manner. Residents informed the inspector they felt safe in the centre and that they could talk to any member of the staff team if they had a worry or a concern.

Resident rooms were well laid out with residents able to access storage and seating facilities. Some residents chose to personalise their rooms with personal items. The centre was clean and well maintained, the provider had completed renovation works to the laundry area in accordance with their compliance plan commitments from the last inspection. The positioning of fire exit signage had been changed since the last inspection to correctly identify the nearest final fire exit to be used in the event of an evacuation.

Residents were complimentary about the food served in the centre, and confirmed that they were always afforded choice. Residents were seen to be assisted discreetly with their food and drinks where required. There were adequate numbers of staff available to support residents during mealtimes. Residents also had access to snacks and drinks, outside of regular mealtimes.

The next two sections of this report will present findings with regard to the governance and management of the centre and on how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were management systems in this centre, ensuring quality person centred care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been implemented in accordance with their compliance plan. However, further improvements were required in relation to the maintenance of records, a review of staffing resources, training and development of staff and a review of existing systems to ensure that they were effective in identifying where improvements were needed.

This was an unannounced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to take in order to achieve compliance with the regulations from the previous inspection in June 2022. Upon arrival the inspector was guided through the centre's infection prevention and control procedure which included symptom checking, monitoring of temperature, and the use of personal protective equipment (PPE).

The registered provider for this designated centre is the Health Service Executive (HSE). There was a clearly defined management structure in place that identified the lines of authority and accountability, however at the time of this inspection the

position for a general manager had become vacant.

In addition, the person in charge was no longer in their role. At the time of the inspection the registered provider had submitted a notification to the Chief Inspector informing of a change to the person in charge. The information contained in the notification was not complete and did not meet the criteria set out under Regulation 14.

The registered provider's candidate to take over the role of person in charge was supported in their day-to-day role by an enhanced nurse practitioner who was acting up in the role of a clinical nurse manager, a team of staff nurses and health care assistants of which four were identified as multi-task attendants who carried out laundry duties in addition to their care role. The staff team also comprises of catering, maintenance and an outsourced cleaning resource.

There were systems in place to provide oversight and to monitor the quality of care provided in the form of an audit schedule and a review of key performance indicators. Information derived from monitoring systems was reviewed at local team meetings which were scheduled to occur every two months, however records made available for the inspector to review indicated gaps in the schedule.

A number of records required updating which included amendments to the designated centre's Statement of Purpose, to accurately reflect the number of staff working in the centre, to include changes to the accommodation provided and to reflect recent key personnel changes. The centre's roster also required updating to identify the member of staff assigned to work in the day care centre two days a week.

On the day of the inspection there were two staff nurses and six health care assistants identified on the roster providing clinical and care support to the residents. The provider was currently recruiting for one staff nurse and three health care assistants as these positions were currently being filled by agency staff. A review of the availability of care staff during the morning was required to ensure that nursing staff were not called away from medication administration rounds to assist the carers with resident's personal care needs.

The provision of mandatory training had disimproved since the last inspection, a review of records provided indicated significant numbers of staff had yet to complete refresher mandatory training. This meant that staff may not be able to provide interventions in line with best practice or in line with the centre's policies and procedures and had the potential to impact on the quality and safety of care provided for the residents.

Overall, there was a low level of complaints received in this centre. Four complaints were recorded on the centre's complaints log since the last inspection. There was evidence to confirm that complaints were managed appropriately and were subject to regular review in order to identify areas for service improvement.

There was an annual review of the quality and safety of the care delivered in the centre which incorporated the views of residents and feedback from family members

for 2022. The satisfaction survey for 2023 was currently being developed.

Regulation 14: Persons in charge

The registered provider had failed to appoint a person in charge who met the requirements of the regulations.

Judgment: Not compliant

Regulation 15: Staffing

The numbers of staff working on the day of the inspection was consistent with the numbers of staff identified on the staffing roster. There were two nurses on duty during the day with six health care assistants. From 8pm in the evening staffing levels reduced to two staff nurses and two health care assistants. The inspector was informed that one health care assistant attended the day care centre twice a week however this was not included on the centres Statement of Purpose or on the current roster.

At least 20 out of 31 residents living in the centre on the day of the inspection were assessed as having a maximum or high level of dependency, this meant that a significant number of residents required assistance of two staff with their activities of daily living such as washing, dressing and toileting.

There were not sufficient care staff available in the morning time to provide timely care and support for residents. As a result nursing staff were interrupted during the medication administration rounds to assist care staff with residents who needed two people to provide care. This created an increased risk of medication errors and meant that some residents did not receive their medications within the required time frames.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records that were made available on request. These records indicated that a number of staff did not have access to appropriate training, this was evidenced by:

- Three staff required refresher training in moving and handling practices.
- Eight staff required refresher training in fire safety.

- Two staff required refresher training in safeguarding the residents from abuse.

Judgment: Not compliant

Regulation 21: Records

The provider informed the inspector that a health care assistant currently identified as working in the designated centre, works in the recently re-opened day care service located on the campus, two days per week. This was not identified on the designated centres roster.

The frequency of resident meetings as described the designated centres Statement of Purpose as occurring on a monthly basis was found to be inconsistent with the number of resident meetings held in the centre. The inspector reviewed three resident meeting records which were made available for review for 2022.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Systems that monitor mandatory training did not identify gaps where staff required refresher training in safeguarding, fire safety and moving and handling practices.
- Systems to review the effectiveness of the care planning process did not identify where improvements were needed.
- A review of staffing resources was also required due to the high level of residents living in the centre assessed as having a maximum or high level of dependency, at the time of the inspection 20 residents out of 31 residents were assessed as having these levels of need.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a Statement of Purpose in place dated September 2022 which included information set out in Schedule 1 of the regulations. However, this document had not been updated to reflect the current whole time equivalent (WTE) of staff employed by the registered provider or to reflect staff changes at provider level. Room 14 was described as a four bed multi-occupancy room when it had been reduced to a twin occupancy room. Room 20 was described as a single room on the Statement of Purpose however the layout of this room meant that it was no longer registered when it became vacant.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider ensured that there was an accessible complaints policy in place which identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants.

Judgment: Compliant

Quality and safety

Observations and evidence gathered on inspection confirmed that staff promoted and respected residents' rights to ensure that they had a good quality of life in this centre. Residents' needs were being met through good access to health care services, opportunities for social engagement and a comfortable well-maintained premises that met their needs. The inspector found that some improvements were required in aspects of care planning, infection prevention and control and in the administration of medication.

An outbreak of *Clostridioides difficile* (a bacterial infection) which impacted two residents living in the centre had been declared over by Public Health in the week prior to the inspection. The provider informed the inspector that both residents had recovered well. The designated centre also encountered an outbreak of COVID-19 in January 2023 which impacted three residents, they also recovered well and returned to their normal function. The provider had reviewed their preparedness plan regarding the management of outbreaks and indicated that they were confident its policies and procedures were effective in minimising the extent of the recent outbreaks.

The inspector was assured that residents' health care needs were met to a good standard. There was access to general practitioner services, including out-of-hours services. Residents care records confirmed that medication reviews were being conducted by doctors at least every four months. There were appropriate referral arrangements in place to access services such as dietetics, speech and language therapy, occupational therapy, dental and opticians. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. These assessments informed detailed care plans.

The inspector was not assured that residents medication was administered in line with the prescriber's instructions as the morning medication round was still in progress at 11.30 am, this meant that residents may receive their medication outside of the prescribed time and also meant that there may not be sufficient time gap before the next of round of medication administration.

The designated centre was using a paper based system to record assessments and care planning documentation. While there were care plans and assessments in place for assessed clinical care needs, there was poor recording found regarding assessments and care plans in relation to visiting and activities. This meant that residents may not receive appropriate care interventions and therefore experience poor social care outcomes.

Despite, poor recording of social care interventions, there was a programme of activities in the designated centre which was well-attended by the residents. The provider had maintained residents links to the wider community with residents supported in displaying their art creations at an arts festival run by Roscommon County Council Art Programme. The acquisition of the dementia table (which allowed for games to be projected onto a table) was well received by residents and was found to have a positive impact on residents engagement.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were observed to be consulted about their daily individual care needs and had access to independent advocacy. Visiting was facilitated in the centre and was in line with national guidance. Some improvements were required to ensure that resident meetings were held regularly so that residents could raise and discuss any issues or suggestions they might wish to make.

The layout of the centre was suitable to meet the assessed needs of the residents. The centre was bright, clean and well-decorated. The inspector saw that bedrooms were spacious and well furnished with adequate storage space for residents' personal belongings. The redevelopment of the laundry area had been completed and improvements to this area allowed for the appropriate separation of clean and dirty laundry. There were measures in place to promote effective infection prevention and control in the designated centre which included the regular cleaning of equipment and routine daily cleaning of the centre. There was also a schedule in place which confirmed rooms received a deep clean. Despite, these good practices, one of the sluice facilities was not well organised, there was an increased the risk of cross contamination due to the amount of inappropriate storage in this room.

The centre had a risk management policy that set out the specific risks as required by the regulations and the controls in place to mitigate such risk. There were systems in place to manage risk and as part of the risk management strategy, a risk register was being maintained which identified a number of risks from a clinical, operational and environmental perspective. The registered provider was found to have made the required changes regarding amendments to fire directional signage which was identified during the previous inspection in June 2022.

Regulation 11: Visits

The registered provider had arrangements in place to ensure that visiting was being facilitated. The inspectors saw a number of residents receiving visitors throughout the day.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate considering the number and needs of the residents in the centre and conformed to the matters in Schedule six of the regulations.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included all of required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

One of the centre's sluice facilities was not well organised, the inspector found,

- A sharps bin located in the sluice room was left open and not being used for its intended purpose.
- Opens wipes stored on the sluicing machine.

- Urine bottles stored on the floor.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning required improvement to ensure each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspector reviewed a sample of residents' care documentation and found the following:

- One end of life care plan did not provide sufficient information as to how residents preferences were taken into account with regard to how they wished to be cared for at end of life.
- Not all residents had a visiting care plan in place.
- Resident's care plans describing their social care needs required improvement as they were not informed by a comprehensive assessment of the residents needs and preferences for social activities and engagement.

Furthermore where there was an activity care plan in place, the interventions set out in the care plan were not clear and were difficult to review as to their effectiveness. For example: One activity care plan described current interventions as a family member take them out sometimes or they attend the day centre sometimes.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were observed to have access to a range of medical supports, including access to general practitioners, psychiatry and allied health and social care professionals such as dietitians and speech and language therapy. Care records seen indicated that where medical professionals made clinical recommendations, residents' care plans were updated to include this guidance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights and choice were promoted in this centre however from a review of records made available for the inspector to review, the last resident meeting was

held in October 2022. This meant that resident meetings were not being held in accordance with the frequency as set out in the providers statement of purpose or that residents had an opportunity to discuss key issues about the service since October 2022.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed morning medication being administered at 11.30am which was inconsistent with the prescriber's directions on the administration of morning medication. The inspector was informed that the medication round was late as clinical staff were engaged in providing personal care to residents, although there was a full complement of care staff on duty.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

Compliance Plan for Plunkett Community Nursing Unit OSV-0000653

Inspection ID: MON-0039357

Date of inspection: 22/02/2023

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The campaign to appoint a permanent person in charge is underway, the campaign is being carried out by the National Recruitment Services. Shortlisting is take place in May and it is envisaged interviews will be held the first week of June 2023</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>There is approval to use agency for vacant posts as needed. HSE is in the process of recruitment of vacant and reduced hours post. The expression of interest will be sent to candidates on the panel by 31st May. HSE has appointed 1 registered nurse and 1multitask attendant in April 2023.They are 2 replacement posts. There are 9 staff providing direct personal care for 32 residents per day.</p> <p>In line with other CHO units, staffing ratio for direct care is 0.85 whole time equivalent per bed with a 40% nursing staff and 60% HCA.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and</p>	

<p>staff development: All staff have their mandatory training completed by 26th of April 2023. A new process has commenced since April 3rd to send reminder web text to staffs 2 months prior to the expiry of their certificate to complete the training. PIC/DON to organize the training dates (practical) 2 months in advance of the expiry of training.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: New duty roster is introduced since 17th April 2023 and clearly identifies the area of each staff member working on each day. The statement of purpose of the centre is updated in March 2023 and the frequency of residents meeting is amended to 2 monthly as per the resident's choice. The residents meetings are planned in advance (every 2 monthly and displayed on notice board. The records set out in Schedules 2, 3 and 4 are kept in the centre and available for inspection.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: All staffs have their mandatory training completed by 26th of April 2023. A new process has commenced since April 3rd to send reminder web text to staffs 2 months prior to the expiry of their certificate to complete the online training. PIC/DON to organize the training dates (practical) 2 months in advance of the expiry of the certificate. National audit tool is used to monitor the effectiveness of care plan. The frequency of care plan audit would be increased to 6 care plans 2 monthly from May 1st 2023 .All the nurses would be completing the HSE Land training on Care planning on Older persons by 31st May 2023.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of</p>	

<p>purpose: The statement of purpose was updated in March 2023 and contains the information set out in Schedule 1.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: There is a process of cleaning and disinfecting equipment's and the cleaning schedules are signed by the staff on completion. Extra 10 hours of cleaning have been added each week from March 2023. Issues identified on the day of inspection were communicated to staff through the daily safety pause. Spot checking done by A/DON, CNM 2 /IP&C link practitioner and will continue to monitor the areas.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Nurses have been requested to complete the HSE Land training on Care planning for the Older persons by 31st May 2023. We are in the process of revising the current Care plan booklet with the increased space for writing nursing interventions , evaluation of care plan and a new section to document 4 monthly care plan review. The findings, recommendations and involvement of resident/family member will be documented in the 4 monthly reassessment section. This will be in place by 15th May.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The frequency of residents meeting is amended to 2 monthly as per the resident's choice. The residents meetings are planned in advance (every 2 monthly) and displayed on notice board. Resident meeting took place on 11th March 2023, 11th May 2023 and</p>	

next meeting is due on 11th July 2023.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

HSE has appointed 1 registered nurse and 1 multitask attendant in April 2023. They are replacement posts. There are 9 staff providing direct personal care for 32 residents during the day.

In line with other CHO units, staffing ratio for direct care is 0.85 whole time equivalent per bed with a 40% nursing staff and 60% HCA.

Nurses administering medications to wear DO NOT DISTURB aprons during the medication rounds. This has been implicated since 3rd April 2023.

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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	20/02/2023
Regulation 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Orange	20/02/2023
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	Not Compliant	Orange	12/04/2023

	centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	26/04/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	17/04/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	08/03/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products	Substantially Compliant	Yellow	03/04/2023

	are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/03/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/05/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and	Substantially Compliant	Yellow	31/05/2023

	where appropriate that resident's family.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	11/03/2023