



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

## Issued by the Chief Inspector

Name of designated centre:	Rathborne Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Ashtown, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	22 May 2023
Centre ID:	OSV-0007976
Fieldwork ID:	MON-0040140

## About the designated centre

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

Rathborne Nursing Home is located in Dublin 15. There are 120 registered beds over two floors of the centre. The centre offers accommodation to both male and female residents over the age of 18 years. Care is provided to residents with low, medium, high and maximum dependency levels. The registered provider is Costern Unlimited Company. 24-hour nursing care is provided for all residents, and the centre maintains a person-centred model of care.

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

Number of residents on the date of inspection:	107
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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
Monday 22 May 2023	09:00hrs to 18:30hrs	Helena Budzicz	Lead
Monday 22 May 2023	09:00hrs to 18:30hrs	Lisa Walsh	Support
Monday 22 May 2023	09:00hrs to 18:30hrs	Manuela Cristea	Support

## What residents told us and what inspectors observed

Following an introductory meeting, inspectors walked around the centre with the person in charge, which gave them an opportunity to meet with residents and staff as they prepared for the day. There was a calm atmosphere in the centre, and inspectors met several residents and spoke with some of those residents in more detail during the day. Generally, the feedback from residents was that of satisfaction with the care they received. However, some residents said that they would like to be more informed about their medical conditions and would like to have access to their general practitioner (GP) more often.

The design and layout of the building were observed to be suitable for the needs of the residents cared for within the centre. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, and others were relaxing in different communal areas and reading their newspapers. Staff were observed to provide continuous supervision in communal areas and were observed to be attentive to residents' needs, such as offering snacks and refreshments. However, inspectors observed that not all interactions were person-centred, and some communication methods used by staff members did not positively support residents living with dementia on the day of the inspection. This is further discussed in the relevant section of this report.

Communal areas were nicely decorated, with suitable furnishings and a large flat-screen television. Bedrooms provided sufficient space for residents to live comfortably, and a number of rooms were personalised with residents' own personal belongings, which brought a homely atmosphere to each room.

The centre was visibly clean on the day of inspection, with few exceptions, which included some pieces of equipment used by residents or armchairs. In addition, there were inappropriate storage practices in the centre, which posed a risk of cross-contamination of different equipment used by residents.

The residents' dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Meals appeared nutritious and appetising. The inspectors observed catering staff engaging with residents, and it was evident that they knew their needs well.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was evidence of information displayed throughout the centre guiding and informing residents about activities and services available. However, the inspectors also observed examples where residents' rights and expressed choices were not upheld.

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

## Capacity and capability

Overall, the inspectors found that improved supervision of staff practices was required in a number of areas to ensure the service provided to the residents upheld their rights and promoted their safety at all times. There had been an influx of new staff and numerous changes in the operational management team, and while the provider had worked hard to recruit and fill up the vacancies in the system, there was a need for enhanced focus on the organisational culture and ensuring that staff adhered to local policies in their daily work. The management systems in place were not effective in ensuring that the quality and safety of care provided to residents was safe and consistent. In particular, the systems in place with regard to care planning, monitoring of nutritional assessments, medication management and promoting residents' rights and choices.

This was an unannounced risk inspection which took place over one day. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended), and inspectors followed up on a number of issues of concern received on seven different occasions from members of the public since the last inspection. Inspectors also reviewed the information submitted by the provider and the person in charge.

Rathborne Nursing Home is a designated centre for older people registered and operated by Costern Unlimited Company. There is a clearly defined management structure in place, with clear lines of authority and accountability. The regional manager is in the centre on a weekly basis and provides daily support by telephone. The person in charge is supported by an assistant director of nursing who works in a supervisory capacity and a recently appointed clinical nurse manager. The assistant director of nursing deputises in the absence of the person in charge.

The annual review of the quality and safety of the service delivered to residents in 2022 was completed in consultation with residents.

The registered provider had audit and monitoring systems in place to oversee the service. However, the audit system was not effective and sufficiently robust as it had failed to identify key areas for improvement in areas such as monitoring data from the nutritional assessment and medication management.

Care staff levels were adequate for the size and layout of the centre and the number of residents accommodated at the time of inspection.

While there were arrangements in place for staff to receive relevant training according to their roles and responsibilities, many staff members were out-of-date with their training schedule. Additionally, inspectors were not assured that staff received adequate supervision as some staff did not demonstrate appropriate levels of knowledge in relation to meeting the health, social and communication needs of the residents. Inspectors observed several instances of unacceptable practices that were not person-centred, as further detailed under Regulation 9: Residents' rights. Significant focus was required to ensure staff were appropriately trained and supervised in their work.

The provider had established and maintained a directory of residents in the centre. However, not all entries were in line with the regulatory requirements.

The inspectors followed up on incidents and found that two incidents were not managed in accordance with the centre's policies and were not submitted to the Office of the Chief Inspector, as set out in Schedule 4 of the regulations.

### Regulation 15: Staffing

Review of the staffing rosters and the staffing levels found that staffing was appropriate to meet the assessed needs of the residents for the size and layout of the building on the day of inspection. There were four registered nurses, one for each unit in the centre day and night, seven days a week.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training. All staff had completed online fire safety training; however, a number of staff members required further fire safety training as they were unable to complete the online training. This training had been planned for June and July 2023. Five staff were out-of-date with the manual handling training, and several staff members were out-of-date with the safeguarding of vulnerable adults training.

Additionally, due to risks identified on the day of the inspection, additional training and supervision of staff practices were required to ensure safe care delivery in line with evidence-based nursing practices. This is further discussed under Regulation 6: Health care and Regulation 9: Residents' rights.

Judgment: Not compliant

## Regulation 19: Directory of residents

The directory of residents did not include all of the information that is required under Schedule 3 of the regulations. For example:

- For two residents, their address and marital status were not included.
- The name, address and phone number of the resident's next of kin were not included in the three records reviewed.
- In three records, the general practitioner's (GPs) address was not included.
- Not all records included the date of death for deceased residents.

Judgment: Substantially compliant

## Regulation 22: Insurance

The designated centre had a current certificate of insurance which outlined a cover against injury to residents, staff and visitors and included insurance against other risks such as loss or damage to residents' property.

Judgment: Compliant

## Regulation 23: Governance and management

The inspectors were not assured that staff practices and the quality of the service being delivered were adequately monitored:

- There were ineffective systems in place to ensure staff were appropriately supervised. Significant recruitment had taken place in the previous four months and this new staff team required effective leadership and supervision to provide a high-standard and rights-based approach to care.
- The process for the review and management of residents' individual care needs, assessments and care plans required further oversight.
- Oversight of the medication practices in the centre was not adequate. The inspectors found a number of issues that had not been identified by the management team, and there was a risk that medication errors were not recognised and acted upon. Furthermore, medication audits were completed by the pharmacist only and not by the management of the centre.
- While there was an auditing system in place, the audits were not sufficiently robust to pick up areas for improvements or to provide meaningful information for effective data trending and oversight. For example, there were audits for call bells or air mattresses; however, the sample audited four pieces of information, which was not representative for a centre of 120 beds

to provide meaningful oversight and trending. Weight loss audits did not recognise significant changes and therefore did not trigger an action or review.

- Two incidents had occurred in the centre that had not been responded to appropriately by following the centre's safeguarding policy.
- From the observation on the day of the inspection, systems for the management of residents' personal possessions required to be strengthened as there had been several personal items misplaced around the centre, as discussed under Regulation 12: Personal possessions.

Judgment: Not compliant

### Regulation 30: Volunteers

There were no volunteers involved on a voluntary basis in the designated centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

During the inspection, inspectors identified that two notifiable incidents had occurred; however, the Office of the Chief Inspector had not received the appropriate notifications. The person in charge submitted the required NF06 notifications retrospectively. There were also a number of incidents that were not notified within the three-days time frame required by the regulation.

Judgment: Substantially compliant

### Quality and safety

Overall the inspectors were not assured that the systems in place for overseeing the quality and safety of aspects of resident's care, ensured that all residents living in the centre were protected by safe practices, which promoted a good quality of life. Some routines and practices used by staff in the centre did not reflect best-evidence practices and were not in line with the centre's policies. Additional details of issues identified are set out under Regulation 29: Medicines and pharmaceutical services, Regulation 5: Individual assessment and care plan, Regulation 6: Health care, Regulation 8: Protection and Regulation 9: Residents' rights.

Inspectors reviewed care plans for residents with a high risk of absconding and found that these care plans were descriptive and provided structural guidance to the staff members. However, inspectors found that while residents' social and health care needs were assessed using validated tools, these assessments did not effectively inform the care plans, and as a result, appropriate interventions were not always carried out as outlined further under Regulation 5: Individual assessment and care plan.

Inspectors were informed that residents' had good access to a general practitioner (GP) and other relevant health and social care professionals. However, a review of a sample of residents' records showed that timely referrals to specialist teams, when required, were not always in place.

There were good standards of end-of-life care provided in the centre. Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected.

Inspectors reviewed the medication practices on the day of the inspection and found that some medicines management practices and procedures in the centre were not in line with professional nursing standards and posed a risk to residents' safety, as discussed under Regulation 29: Medicines and pharmaceutical services.

Although staff had access to the safeguarding training, inspectors found a number of occasions where safeguarding concerns had not been recognised as safeguarding concerns. This is further detailed under Regulation 8: Protection.

The inspectors reviewed the provider's arrangements for the residents to access and retain control over their personal property and found that while residents had access to their clothes, some of the clothes and shoes were misplaced around the centre, as discussed under Regulation 12: Personal possessions.

Inspectors observed practices that were not person-centred and which did not ensure that residents' rights, dignity and choice were promoted at all times in the centre, as detailed under Regulation 9: Residents rights.

### Regulation 13: End of life

End-of-life care plans were completed and updated as and when necessary, they reflected the residents' personal wishes, and there was evidence of resident and family involvement. The centre had access to specialist palliative care services to provide further support to residents during their end of life.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. Residents had access to adequate quantities of food and drink, including a safe supply of fresh drinking water at all times. Food, including therapeutic and modified consistency diets, was presented in a manner which was attractive and appealing in terms of texture, flavour and appearance. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

## Regulation 27: Infection control

While there was evidence of good infection control practice outlined above, there were issues important to good infection prevention and control practices which required improvement:

- Daily cleaning records were not consistently signed. This meant that the provider could not be assured that all areas were cleaned according to the schedule.
- The floor surface of the communal bathroom in the Beech unit and the armrests on some wheelchairs were visibly unclean.
- There were inappropriate storage practices in the store rooms as they were very cluttered. For example, the suction machines were stored on a commode and boxes, mattresses and other pieces of equipment were stored on the floor. This hindered effective floor cleaning and posed a risk that items stored on the floor would become contaminated. Segregation of clean and dirty equipment required review.
- Decontamination of residents' equipment, such as urine bottles, was not done to adequate standards, as some were very stained.
- There were no individual glucometers available for residents. This posed a risk of cross-infection.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medication management practices were not in line with best practices or local policy, which led to unsafe practices. For example:

- Medication prescribed to be administered in 'crushed' format was dispensed and administered in a format which was not suitable. There was no evidence of consultation with a pharmacist.
- Storage of some medications was not safe at all times as a number of medications were found to be in the residents' bedroom on the table or cabinet with doors open; this could pose a risk to residents in the centre.
- Some multi-dose medicine were not dated on opening, and the dispensing label was missing. This posed a risk that recommended manufacturer timescales for safe use would be exceeded.
- Medications which were no longer required by a resident or were out-of-date were not segregated from other medications or returned to the dispensing pharmacy, potentially leading to errors. Some of the medications were also not discontinued from the medication kardex after the prescribed period was completed, which could potentially lead to errors.
- Inspectors found that medicinal products such as thickeners (used to thicken food or fluids for people with swallowing difficulties) were regularly administered without being prescribed.
- The controlled medicines were pre-signed by the staff nurse in the controlled drug register before the medicine stock was checked and recorded by two nurses at every change over of shift. This was not in line with best practice.
- Inspectors saw that medication errors were not reported and managed in line with the centre's own policy.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of various care plans for 18 residents. This review provided evidence that not all individual assessments and care plans were updated according to residents' changing needs. For example,

- Although all residents with wounds had an associated care plan in place, the dressing description in three care plans was different than the one recommended by the tissue viability nurse (TVN). This could lead to potential errors in the management of wound care of residents.
- Two catheter care plans did not outline the changing date for the catheter.
- Two residents had not appropriate care plans created no later than 48 hours after the resident's admission. The care plans were created up to six days following the admission.
- The care plans for three residents with active infection of COVID-19 were still active since December 2022, although the residents had long recovered. This means that the current care plans did not reflect the current health status of the resident.

Judgment: Substantially compliant

## Regulation 6: Health care

Inspectors tracked the number of residents and found that timely referrals to allied health care were not consistently made. Consequently, inspectors were not assured that residents consistently received a high standard of evidence-based practice in line with their assessed needs.

Arrangements for access to health and social care professionals, such as dietitians, required review. For example, the inspectors reviewed residents who experienced weight loss based on the weights report generated by the nursing system. It was evident that appropriate evidence-based action was not taken in response to weight loss, such as a revised Malnutrition Universal Screening Tool (MUST) assessment and appropriate referral to relevant specialists. In addition, there was no supporting care plan to prevent weight loss in place.

Judgment: Not compliant

## Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were seen to have appropriate and detailed supportive plans in place to ensure the safety of residents and staff.

Judgment: Compliant

## Regulation 9: Residents' rights

Inspectors observed institutionalised practices where not all staff members promoted residents' rights and respected their choices in the centre. For example,

- A number of staff members were speaking in a different language than English in different communal areas of the centre while residents were present.
- Inspectors observed some staff members providing assistance to residents who did not seek consent to inform the residents about the task they were planning to perform.
- On other occasions, staff members were observed to be dismissive of residents' requests for a meal as it was outside of meal time or ignoring a

request for a walk. As a result, some of the residents were upset due to the limited or loud communication by the staff.

Judgment: Not compliant

### Regulation 8: Protection

While all staff members had access to safeguarding training, inspectors found that not all staff were knowledgeable regarding actions they should take if an allegation, suspicion or concern of abuse was reported to them or if they observed or suspected abuse to have taken place. The inspectors saw that two allegations of abuse were not recognised and appropriately reported and investigated in the centre.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

The inspectors were not assured that all residents retained control over their own clothes and that all clothes were returned to residents as there were a number of clothes and shoes misplaced in the sluice room, linen room and a storage room.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant

# Compliance Plan for Rathborne Nursing Home OSV-0007976

Inspection ID: MON-0040140

Date of inspection: 22/05/2023

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>There is a training matrix in place at Trinity Care that clearly outlines mandatory and non mandatory training. The training matrix will be fully reviewed to ensure there is clarity on the training delivered to staff. The training matrix will be updated on a weekly basis when training takes place. Staff on induction are alerted to fire procedures which is signed off and maintained on the staff members induction file. All staff are trained in fire and safe evacuation ,safeguarding of vulnerable adults. Evacuation drills are carried out routinely onsite to ensure all staff are aware of what to do in the event of an emergency. Staff will be updated in manual handling training every three years as per the regulations. All staff will be given further training on residents rights.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Directory of residents is maintained both on an electronic database and a hard copy Book.</p> <p>Whilst the electronic register had all the required information, it was noted the hard copy book lacked the required regulatory information required in all domains. The administration team have now implemented a system of work to ensure this hard copy of the register is under review daily.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Turnover for the Rathborne Nursing Home stood at 6.7% for the period Jan 23-June 23. There was a large number of new staff employed as new beds were opened. A new audit tool for medication management will be implemented to ensure medication practices are reviewed on a monthly basis by management at the centre.</p> <p>Trinity Care has an up to date policy in nutrition and hydration which all staff have received. Flowcharts and guidance was delivered to staff to ensure staff are aware of when to refer a resident to the dietician.</p> <p>Nutritional audits will be conducted on all residents who present with significant weight loss or a MUST score of two or more in line with Trinity Care policy.</p> <p>10% of all aspects of the service will be audited on a monthly basis.</p> <p>A new system of work was implemented in the laundry. Residents and their families and staff notified to ensure all new clothing is delivered directly to the laundry for labelling with the residents name.</p> <p>All staff complete HSELAND training in safeguarding and further face to face training is delivered to staff on safeguarding vulnerable people with a focus on the FREDA principles.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All incidents are notified to the Chief Inspector, however in the incident of the responsive behaviour between residents, as it was verbal was not captured as safeguarding, as residents both had responsive behaviour care plans in place. Staff have been advised to notify all episodes of negative verbal interactions between residents on NF06 notification to the regulator.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Room checklist in place and housekeeping manager advised of the responsibility of auditing for signatures on cleaning schedules.  
 Storage shelves ordered and to be implemented in store rooms.  
 Individual glucometers have been acquired and are in place for individual residents that require them.  
 Sluice room in place on all units with bedpan washer which sterilizes all equipment.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 There is a medication management policy for staff to follow at Rathborne Nursing Home. All registered nurses complete the medications management module on HSELAND. All registered nurses undergo a period of induction and supervision and medication competency prior to commencement of duties at Rathborne Nursing Home. The pharmacy provider has recently changed to the service. The Pharmacist will be informed monthly when medications are prescribed as crushed. New electronic medication management system under review with pharmacist and will be implemented in September 2023. GP advised to ensure thickening agent is prescribed for residents who require it on the medication administration record.  
 All registered nurses have completed successfully the mandatory training in Medications Management on HSELAND. All registered nurses advised of company policy in checking and administration of controlled drug register.  
 Medication audit reviewed internally to capture compliance and non compliances in medication management.  
 Risk assessment has been completed for both residents who self administer medications. Both residents have been reminded to utilize the locked drawer that is provided in their room.  
 All medication errors are reported in accordance with company policy

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 All registered nurses to complete assessment and care planning for the older person on HSELAND.  
 Management will audit and review care plans monthly and record findings and actions

that are required to ensure the resident has an appropriate care plan to meet their current needs.  
 Nurses are advised to implement review dates on care plans as well as catheter checklists.  
 Nurses are advised of the regulatory timeframe to prepare a care plan for a newly admitted resident.  
 All current residents are assigned key nurses to review and update residents care plans. Management will implement care review meetings 4 monthly or sooner with residents and or their nominated representative.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 The management has completed a full review of the service in relation to healthcare needs. The facility is also supported by an external multidisciplinary team. Nutritional audits for residents with a MUST score of 2 or more will be completed to ensure all residents receive timely interventions if required.

All residents with a MUST score of 2 or more will be referred to dietetics services in line with Trinity Care policy. Registered nurses advised to document all input from external offsite reviews onto the nursing database system to ensure the most recent reviews are visible and correct care plan is in place.

Nurses are also advised to ensure documentation is clear by attending disciplines when a resident is receiving a palliative care approach in relation to nutritional care requirements.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 All frontline staff are trained in safeguarding.  
 All staff requested to complete rights-based modules training on HSELAND.  
 Communication table top training exercises have been undertaken on each unit.  
 Monthly audit of interactions will take place using quality of interaction Schedule (QUIS) tool.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  There is a robust safeguarding policy in place at Rathborne Nursing Home. There is a designated officer in place as part of the management team at the nursing home. All staff are trained in safeguarding vulnerable people. All staff are garda vetted. All staff advised to report upwards of verbal negative interactions between residents.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  Residents and their families advised in writing of working processes in the laundry facility to ensure all clothes are labelled prior to leaving in residents room. New shelving and boxes implemented in the laundry to assist with the workflow and ease of access if items are mislaid or not labelled with residents name.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/08/2023
Regulation 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly	Substantially Compliant	Yellow	31/07/2023

	and returned to that resident.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/08/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/08/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2023
Regulation 29(4)	The person in charge shall ensure that all	Not Compliant	Orange	31/08/2023

	medicinal products dispensed or supplied to a resident are stored securely at the centre.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products 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.	Not Compliant	Orange	31/07/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the	Not Compliant	Orange	30/06/2023

	product concerned can no longer be used as a medicinal product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	31/05/2023
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	30/06/2023
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	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	Substantially Compliant	Yellow	31/08/2023

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	31/07/2023
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 paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	31/05/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/05/2023

Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	31/05/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/05/2023