



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

Issued by the Chief Inspector

Name of designated centre:	Roseville Nursing Home
Name of provider:	Roseville Nursing Home Limited
Address of centre:	49 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	13 March 2023
Centre ID:	OSV-0000089
Fieldwork ID:	MON-0039540

About the designated centre

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

Roseville Nursing Home is a 30 bed centre conveniently located in a residential area between the seafront and Bray town centre with easy access to local amenities including shops, bank, church, local transport and the promenade. Accommodation includes single and twin bedrooms spread over two main floors which are accessed by stairs, a stair lift and a platform lift. The building is a Georgian house which has been renovated and extended over time and still contains some of its original features. Residents have access to a secure garden to the side and rear of the centre which contains a covered and heated smoking area. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to older persons with dementia, or who have physical, neurological and sensory impairments and end of life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. Roseville Nursing Home is a family owned and operated centre which employs approximately 28 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 13 March 2023	11:00hrs to 20:30hrs	John Greaney	Lead
Monday 13 March 2023	11:00hrs to 20:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Overall from what residents told us and from what inspectors observed, residents reported having a good quality of life in this designated centre. It was evident that residents were offered choice in many aspects of their care, such as what activities they wished to pursue, what meals they would like to eat and their individual choices around what items of clothing they wished to wear. Although residents received good care and were well supported by staff, adequate systems were not in place for the effective oversight of fire safety and the identification of fire safety risks.

On arrival to the centre the inspectors were met by the assistant director of nursing (ADON) and guided through the centre's infection control procedures before entering the building. An opening meeting was held with the ADON and one of the directors of the centre that works in the centre in a management capacity. Following the meeting, the inspectors took a tour of the premises.

The centre was originally a period house and is located in the town of Bray, Co. Wicklow, on a street that runs parallel to the seafront. Over time, the building has been adapted and extended to its current capacity of 29 residents. It is a two storey premises and each storey has split level floors.

Residents in the first section of the ground floor are accommodated in one twin room and one triple bedroom, both of which have en suite shower and toilet facilities. The triple bedroom had previously been two twin bedrooms, however, due to issues related to privacy and lack of natural light to one of the rooms, the rooms were combined to make one triple bedroom. As a result the bed capacity in the centre reduced from 30 to 29 residents. As part of the reconfiguration and renovation of this section of the premises, an additional communal toilet was built. A small section of the flooring immediately outside this bathroom was did not have floor covering. It was also found that the bathroom did not have fire detection installed. Also on this level, there is a sitting room, dining room, kitchen, laundry some offices, toilets and a storeroom.

There are seven steps and a platform lift leading to the lower section of the split level floor. There are twelve single and one twin bedrooms on this level, all of which are en suite with shower, toilet and wash hand basin. There is also a sitting room, dining room and a conservatory style visitors room on this level. Access to the internal courtyard is also from this section of the premises. There are staff changing facilities, a store room and a boiler house accessible from the courtyard. A review of the floor plans indicated that they did not accurately represent the actual design and layout of these external areas. There were also two storage sheds here.

The second storey can be accessed from the ground floor via a stairs or a chair lift. There are four twin rooms and two single rooms on the second storey. Two of the

bedrooms are located on the lower section of the split level floor, which can be accessed by six steps or a chair lift.

Inspectors noted that the provider had made some improvements to the premises which addressed the issues highlighted on inspections. Inspectors found that residents' bedrooms were generally clean and there was adequate space to store personal possessions in most bedrooms. Most residents had double wardrobes, however, one of the residents in the triple bedroom had a single wardrobe. Improvements were noted in the general décor of the centre since the last inspection. The provider had purchased a number of new bedside lockers and each one had a lockable drawer. However, some of the bedrooms, including the triple bedroom, did not have lockable space. It was also noted that plywood boards that were on the walls at the head of the beds had been removed, which contributed to a more homely feel in the rooms.

The inspectors saw significant work had taken place to address the findings from the previous inspection and the deficits identified in the providers own fire safety risk assessment. The fire alarm panel had been replaced with a fully addressable panel, which would identify the location of an activated detector. Fire doors had been replaced in a number of rooms, work to fire protect the escape stairs and the fire compartment to the rear were now complete. Fire doors had been adjusted and this improved fire containment, however further deficits were observed on this inspection and these are outlined under regulation 28.

Inspectors observed staff and resident interactions throughout the day and found that staff were familiar with residents and were responsive to their needs. On the day of the inspection most residents were seen to spend a large part of their day in one of the two main sitting rooms. Inspectors observed activities being provided in these areas throughout the day. Resident's were encouraged and supported by staff to participate in the activities provided. On the evening of the inspection a musician visited the centre at 7pm and a large number of residents were observed to be enjoying the music.

Residents with mobility care needs were attended to by staff in a timely manner. Residents were seen to use the chair lift to ascend and descend the main stairs throughout the day. However, it was also noted that not all residents on the first floor used the chair lift, even residents that were deemed to be a falls risk or had an unsteady gait. The provider and person in charge were advised to arrange for an assessment of the resident's capacity to use the stairs independently and to mitigate the risk of the resident falling in the interim..

Overall residents reported being happy and content living in the designated centre. Residents went on to add that staff were kind and caring and were there to support them. Residents indicated that they felt safe and that they could raise concerns if they had a need to do so.

The next two sections of this report presents findings in relation to the governance and management arrangements in the centre and on how this impacts on the quality and safety of the services provided to residents.

Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspection was carried out over the course of one day. Overall, inspectors found that some actions were required in relation to the governance and management of the centre, contracts of care, and recruitment practices.

The centre is operated by Roseville Nursing Home Limited, the registered provider. It is family owned and run. The company is made up of two directors. Both directors are involved in the day to day operation of the centre. One of the directors looks after the day to day administration of the centre. The other director is a nurse and supports the person in charge in the oversight of clinical care provided to residents. There are clear lines of accountability and responsibility for the operation of the centre. The person in charge reports to the provider informally on a day to day basis and formally through regular management meetings. The person in charge is supported by an ADON. There was a comprehensive programme of audits with associated action plans to address any deficits identified through the audit process.

While there was a clearly defined governance structure and a system for oversight of the quality and care provided to residents in the centre, action was required to ensure that management systems supported quality improvement based on internal and external reviews. Despite receiving assurances, either through compliance plans or other means, inspectors found that these assurances were not always substantiated during the inspection. This is discussed in more detail under Regulation 23 of this report.

The provider had submitted an application to renew the registration of the centre. Floor plans that were submitted as part of the application process were reviewed and it was found that they did not fully represent the footprint of the centre. This is discussed in more detail under Registration Regulation 4: Application for registration or renewal of registration.

There was a stable and dedicated team of staff that ensured that residents benefited from good continuity of care from staff who knew them well. While there were adequate staff on duty during the day to meet the needs of residents in the centre, an overall review of staffing was required. Usual staffing comprised one nurse on duty from 08:00hrs to 20:00 hrs and one nurse from 20:00hrs to 08:00hrs. Due to the planned long term absence of one nurse, both the person in charge and ADON worked on the floor as the staff nurse. This meant that they did not have supernumerary hours during which to carry out their management function and provide clinical supervision to other nurses and care staff. A review was also required of cleaning staff, which is a repeat finding from the previous inspection. This is discussed in more detail under Regulation 15 of this report.

Adequate arrangements were in place for the supervision of staff. Inspectors examined staff training records and it was identified that all staff had up-to-date training in areas to support them in their respective roles. Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding residents from abuse and responsive behaviour.

Registration Regulation 4: Application for registration or renewal of registration

A review of the floor plans submitted in support of the application to renew the registration indicated that they did not accurately represent the actual design and layout of some external areas of the centre. A boiler room was not included in the floor plans and the footprint of store rooms and staff changing rooms did not accurately represent their location. There were also two storage sheds that were not included in the floor plans.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse and has the required experience and qualifications for the role. Residents were familiar with the person in charge and it was evident that she was involved in the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

Action was required to ensure there was adequate numbers and skill mix of staff to meet the needs of residents. For example:

- there was one nurse on duty from 20:00hrs and one HCA from 21:00hrs until 08:00hrs. Discussions with staff indicated that the nurse would be administering night medications until at least 21:30hrs, meaning there was only one HCA available to meet the needs of residents during this time
- there were no cleaning staff scheduled to work on Saturdays. additionally there were periods when the cleaning staff was on annual leave and there was not always a staff member rostered for cleaning duties

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records provided to the inspector indicated that all staff had up-to-date training in the areas of safeguarding, manual and people handling, and responsive behaviour. Staff were also supported to attend other training relevant to their role such as infection control, medication management and cardiopulmonary resuscitation. There were appropriate measures in place for the induction and supervision of staff.

Judgment: Compliant

Regulation 21: Records

Action was required in relation to recruitment of staff. A review of a sample of staff files found that a Garda Vetting Disclosure was not available in the personnel record of one member of staff as required by the regulations. It was also found that there were gaps in employment histories for which an explanation was not recorded and all employment references were not verified for authenticity.

Judgment: Not compliant

Regulation 23: Governance and management

There were inadequate whole time equivalent nursing and cleaning staff available. For example, the director of nursing and assistant director of nursing were both working full time as staff nurses, meaning there were inadequate arrangements for oversight. Additionally, there were gaps in the cleaning roster when there were no staff members scheduled for cleaning duties.

Some assurances provided to the office of the Chief Inspector, either through compliance plans or other means, were not substantiated during the inspection. For example:

- a wash hand basin had not been installed in a bedroom that was found not to have a wash hand basin on the last inspection
- all fire safety improvements works had not been complete despite commitments being given that these works were done
- a bedroom was not provided with fire detection; this was actioned by the provider during the inspection

- there was a repeat finding in relation to cleaning staff not being rostered for duty on Saturdays

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care did not specify the number of other residents in a room to be occupied by each resident.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to staff and all were updated at a minimum of every three years and as required.

Judgment: Compliant

Quality and safety

Overall, residents were complimentary of the care provided by staff that knew them well. The observations of inspectors were that staff were kind and caring and responsive to residents' needs. Action was required by the provider to come into compliance with the regulations, particularly in relation to fire safety and assessment and care planning. Improvements were also required in relation to residents' rights, infection control and the premises.

Inspectors observed consistent application of standard and infection prevention and control precautions. For example, staff were observed performing appropriate hand hygiene and wearing appropriate personal protective equipment (PPE). Waste and used laundry was segregated in line with best practice guidelines.

Improvements had been made to the premises since the last inspection. Two twin bedded rooms were amalgamated to form one triple bedroom. This was done because previously one of the twin rooms did not have access to natural light and the partition between the rooms did not extend all the way to the ceiling. As part of the renovations a sky light had been made larger to allow more natural light enter the bedroom. An additional communal toilet had also been built. Other improvements to the premises included the removal of wooden panels that were at

the back of beds, which enhanced the homeliness of the rooms. While improvements were noted, there was still areas of required improvements in relation to the premises. This is discussed in more detail under Regulation 17 of this report.

Significant work had been completed to address fire safety deficits identified in the last inspection and the provider's own fire safety risk assessment and this had reduced the risk of fire, to residents and staff. Notwithstanding this, further risks were identified in this inspection as outlined under regulation 28. Immediate action was required to address the absence of fire detection in a resident's bedroom; the provider implemented interim measures on the day of inspection to manage this risk. Good practices were observed in the centre. For example, there was signage displayed detailing who was the fire safety officer to take charge both during the day and at night time. The provider was conducting their own fire safety audits, which identified areas for improvements, such as the lint screen in the laundry dryer and fire doors to the kitchen and nurse station which required replacement. It did not however identify the lack of smoke detection in a resident's bedroom. The fire safety audit included a time bound action plan.

The provider was completing evacuation drills and there were found to be comprehensive reports detailing what went wrong and the learning from the drill. Residents evacuation needs were assessed by completing personal emergency evacuation plans (PEEP); these were up-to-date and used to inform the fire drills. Evacuation procedures included the use of a portable ramp. This was stored externally on the patio and not readily accessible, if required.

Residents' needs were assessed on admission to the centre through validated assessment tools. This information informed the development of care plans that provided guidance to staff on the care to be delivered to each resident. Care plans viewed by the inspectors varied in the degree of personalisation. Some contained good detail while others were generic. Care plans is discussed further under Regulation 5 of this report.

Residents were reviewed by their general practitioner (GP) as required or requested. Referral systems were in place to ensure residents had timely access to specialist and allied health services through a combination of remote and in-person reviews. There was evidence that recommendations made by professionals were integrated into the resident's care plan, implemented and reviewed to ensure best outcomes for residents.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with by inspectors demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

Inspectors found that residents could exercise choice in how to spend their day. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Minutes of resident meetings reviewed by the inspector showed that relevant topics were discussed including mealtimes, staffing, and activities.

Visiting was observed to be unrestricted and the inspectors observed a high level of visitor activity over the course of the inspection..

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. A high level of visiting was seen over the course of the inspection. Visitors spoken with by inspectors were complimentary of the care provided to their relative and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

A review was required of the wardrobe space available to residents in bedroom 8 to ensure that all residents had adequate space to store their clothing and personal possessions.

Judgment: Substantially compliant

Regulation 17: Premises

Action was required by the provider in relation to the maintenance and general upkeep of the premises, including:

- the floor cover immediately outside the new toilet had been removed during the renovations and needed to be replaced
- there was a leak in a water pipe in a room that was accessed through the staff toilet
- the tap in the cleaners room was loose and not secured to the sink
- there was a damaged wall in one of the bedrooms as a result of the removal of a towel holder
- there was no wash hand basin in one of the bedrooms. This is a repeat finding from the last inspection
- there was a need to review window restrictors to ensure they were in place on all windows
- the flooring in the sitting room required to be replaced as it was ridged due to an issue with the floor boards underneath
- the water pressure to the taps in some bedrooms was low and some were not hot

- not all residents had lockable store space in which to store their valuables
- while there was chairs for each resident in room 8, not all were suitable for residents who wish to spend time at their bedside.

Judgment: Substantially compliant

Regulation 27: Infection control

The environment and equipment was not managed in a way that minimised the risk of cross contamination. This was evidenced by;

- mops and brushes were stored with their heads resting on the floor
- there was a urinal stored in a sink in a sluice room

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the significant work completed in the centre and improvements in relation to fire precautions, further actions were required on this inspection to ensure adequate precautions against the risk of fire and to ensure the safety of residents.

Immediate action was required on this inspection to address the absence of smoke detection in a resident's bedroom. The provider arranged for an interim measure to be implemented on the day of inspection to manage the risk, and confirmed in the days following the inspection, that appropriate detection had been provided.

The lint screen in the laundry dryer was damaged, which increased the risk of fire. This had been identified by the provider in their own fire safety audit in January of this year, however it had not been actioned.

Improvements were required with regard to the arrangements in place for evacuating residents. The provider had identified the use of a portable ramp to assist evacuation up a stepped internal route, however, the ramp was not readily accessible and was located in the rear patio area.

Fire containment had greatly improved, however further assurance was required from the registered provider regarding the containment of fire to the rear day room and the fire safety management systems in place to protect the bedroom escape corridor. Some fire doors were observed to have deficits, for example, the seals to the new compartment door prevented them from closing, smoke seals were missing to some doors and the doors closer in some doors did not fully close the door against the latch. The deficient fire doors to the kitchen and nurses office had not

yet been replaced. There were some gaps in the ceiling to the boiler room affecting the fire containment of the boiler room.

The evacuation drawings on display did not reflect the newly configured triple bedroom, and may lead to confusion during evacuation. It was confirmed to inspectors that new up-to-date drawings were on order and would be displayed upon receipt.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required in relation to assessment and care planning to support the delivery of person-centred care to residents. For example:

- there was a variation in the quality of care plans. While some contained adequate detail of the care to be delivered to each resident, others were generic. It was also found that for some issues there was more than one care plan with varying degrees of information in each, and there was not one specific source of information to guide care
- there are 10 residents accommodated on the first floor. This area is accessible by stairs and a chair lift. There was a need for a comprehensive assessment by a suitably qualified person to determine the capacity of residents to climb the stairs safely.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that residents had access to appropriate medical care to meet their needs. Residents had access to a general practitioners (GP) that visited the centre on a regular basis. Residents also had access to an out-of-hours GP service at evenings and weekends. Services such as physiotherapy, psychiatry of later life, speech and language therapy and dietetics were available when required. Inspectors found that the recommendations of health and social care professionals was acted upon which supported the achievement of good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre. There were no residents using bed rails in the centre on the day of the inspection.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful. All staff had attended training to safeguard residents from abuse. Residents had access to the services of an independent advocate and contact details were on prominent display in the centre. The provider was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

While all residents had televisions in their bedrooms, some of these were not connected to a satellite or similar system to ensure access to television programmes. Additionally, the location of the television in some shared rooms did not facilitate all residents in the room to see the television from their bed or bedside.

A review was required of the privacy curtains in some bedrooms to ensure that their privacy was protected during the provision of personal care or when they wished to spend time alone in bed or at their bedside.

There was a need for a blind to be installed on the skylight in room 8 to protect the privacy of residents.

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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Roseville Nursing Home OSV-0000089

Inspection ID: MON-0039540

Date of inspection: 13/03/2023

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: A new updated floor plans showing a true and accurate representation of the centre was submitted to HIQA on the 5th April 2023.</p> <p>Completion date: 5th April 2023</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels is constantly under review in the home in accordance with the residents dependency levels. We use the Modified Barthel Assessment score and the Waterlow score to determine the staffing levels required. An extra HCA had been rostered to work from 15.00 hours until 21.00 hours prior to the inspection date as part of our constant review of staffing levels.</p> <p>Completion date: 25th February 2023</p> <p>Cleaning staff have been rostered to cover the Saturday shift.</p> <p>Completed date: 8th April 2023</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Garda Vetting disclosure in question was completed but wasn't printed and placed in the individuals file. I was able to get in contact with the NHI Garda Vetting team the following day of the inspection and download the link again in order to print the disclosure. Going forward, we will ensure that this information is always stored on file.</p> <p>Gaps in employment history will be explored and noted on file.</p> <p>Completion date: Ongoing</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>We have been in the process of recruiting staff nurses for the past 6 months, and we are waiting for AWS permits, there appears to be a delay in processing visas for nurses from abroad with the department of Foreign affairs. We are in contact on a weekly basis with our recruitment agent as to updates on the visa status of the nurses we have offered jobs and contracts to.</p> <p>Completion date: 31st August 2023</p> <ul style="list-style-type: none"> • a wash hand basin had not been installed in a bedroom that was found not to have a wash hand basin on the last inspection. <p>Completion date: 14th April 2023</p> <ul style="list-style-type: none"> • all fire safety improvements works had not been complete despite commitments being given that these works were done. <p>This has now been completed. The fire doors in reception, nurses station and in the kitchen have been replaced.</p> <p>Completion date: 14th April 2023</p> <ul style="list-style-type: none"> • a bedroom was not provided with fire detection; this was actioned by the provider during the inspection. <p>Completion date: 14th April 2023</p> <ul style="list-style-type: none"> • there was a repeat finding in relation to cleaning staff not being rostered for duty on 	

<p>Saturdays.</p> <p>The Service Provider on the said dates did the housekeeping and can be verified by staff, the only error was her name was not printed on the roster. The Service Provider is very hands on in assisting on the floor to cover any shift as required when staff call in sick. There is a housekeeper rostered for Saturdays.</p> <p>Completion date: 8th April 2023</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contracts of care have been updated to reflect the number of residents that will occupy any given room.</p> <p>Completion date: 15th March 2023</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A review of the wardrobe space in room 8 was completed and the results were sufficient space was provided for a resident to store their clothes and personal belongings. A bedside locker was provided with sufficient space for residents to keep personal possessions.</p> <p>The dimensions of the wardrobe in question is height = 235 cm, width = 65 cm, depth = 58 cm. Upon our review, there is plenty of storage space for the residents needs.</p> <p>Completion date: 15th March 2023</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> the floor cover immediately outside the new toilet had been removed during the renovations and needed to be replaced. 	

We have been in numerous contact with the supplier and fitter, they have given us the undertaking that it will be done by the end of June 2023.

Completion date: 30th June 2023

- there was a leak in a water pipe in a room that was accessed through the staff toilet.

This leak has since been sorted out.

Completion date: 22nd March 2023

- the tap in the cleaners room was loose and not secured to the sink.

The tap has been tighten and secured.

Completed date: 12th April 2023

- there was a damaged wall in one of the bedrooms as a result of the removal of a towel holder.

Completion date: 5th May 2023

- there was no wash hand basin in one of the bedrooms. This is a repeat finding from the last inspection.

New sink has been installed in this room.

Completed date: 14th April 2023

- there was a need to review window restrictors to ensure they were in place on all windows.

The window that was missing a restrictor was fitted with one the following day.

Completion date: 14th March 2023

- the flooring in the sitting room required to be replaced as it was ridged due to an issue with the floor boards underneath.

We have been in contact with the flooring company and a new floor will be fitted.

Completion date: 31st August 2023

- the water pressure to the taps in some bedrooms was low and some were not hot.

There was a leak on the road in front of the nursing home which has since been repaired by the county council.

Completion date: April 2023

- not all residents had lockable store space in which to store their valuables.

Completion date: 5th May 2023

- while there was chairs for each resident in room 8, not all were suitable for residents

who wish to spend time at their bedside.
 The said chairs in the room are for visitors, the three residents in this room all use specialist recliner chairs that they have been assessed for. Each resident has a comfortable chair in their room and those that have special seating needs are assessed by the OT and the appropriate chairs are used for them.
 Completion date: On going.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 Your findings were immediately addressed to ensure best practice methods were been implemented in terms of infections control measures. Three new wall mounted brush holders have been placed in the cleaning room to ensure the heads of the mops and brushes don't touch the floor.
 Completion date: 14th April 2023

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The smoke detector that was identified to be absent in a residents room was immediately addressed with an interim measure until such a time as a new smoke alarm linked to the fire panel could be installed. This has since been completed by our Fire Alarm company.
 Completion date: 20th March 2023
 The lint screen had been replaced from the last HIQA inspection, however, this has since been damaged again. A new lint screen was ordered and installed.
 Completion date: 28th April 2023
 The evacuation ramp is now kept by the laundry room/side entrance and is easier to access in an emergency.
 Completion date: 5th May 2023

"Fire containment had greatly improved, however further assurance was required from the registered provider regarding the containment of fire to the rear day room and the fire safety management systems in place to protect the bedroom escape corridor."

A PEEP analysis was carried out on all residents in the location as outlined to ensure that in the event of a fire all residents can escape safely which was demonstrated in recent fire evacuation training exercises.

"Some fire doors were observed to have deficits, for example, the seals to the new compartment door prevented them from closing, smoke seals were missing to some doors and the doors closer in some doors did not fully close the door against the latch."

These doors have been adjusted to repair any deficits that were discovered to ensure the doors are operating to the highest standard.

Completion date: 14th April 2023.

"The deficient fire doors to the kitchen and nurses office had not yet been replaced."

New fire doors have been replaced in the kitchen, nurses office and the reception area of the home as originally planned.

Completion date: 14th April 2023.

"There were some gaps in the ceiling to the boiler room affecting the fire containment of the boiler room."

This has been completed with all gaps in the ceiling filled in the boiler room for fire containment purposes.

Completion date: 25th May 2023

"The evacuation drawings on display did not reflect the newly configured triple bedroom, and may lead to confusion during evacuation. It was confirmed to inspectors that new up-to-date drawings were on order and would be displayed upon receipt."

These matters have been addressed with the newly reconfigured bedroom and the fire evacuation drawings been displayed.

Completion date: 19th May 2023

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The resident using the stairs has been assessed by our physiotherapist as per HIQA recommendation for capacity to climb the stairs. He has been deemed to have capacity to climb the stairs safely. He also has the choice to use the chair lift if he so wishes.

Completion date:15/03/2023

All residents have care plans, revisions as discussed with our Inspector and our PIC is ongoing.

Completion date: Ongoing

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
While all residents had televisions in their bedrooms, some of these were not connected to a satellite or similar system to ensure access to television programmes. Additionally, the location of the television in some shared rooms did not facilitate all residents in the room to see the television from their bed or bedside.

A new upgrade system has been ordered to deal with this issue.

Completion date: 31st August 2023

A review was required of the privacy curtains in some bedrooms to ensure that their privacy was protected during the provision of personal care or when they wished to spend time alone in bed or at their bedside.

Our supplier, Potterhouse have been in to sort out all the privacy curtains and they all provide privacy for residents in shared rooms.

Completion date: 5th May 2023

There was a need for a blind to be installed on the skylight in room 8 to protect the privacy of residents.

We had the skylight blind on order prior to the inspection date, this arrived and was installed on the Saturday the 1st April 2023.

Completion date: 1ST 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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	05/04/2023
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	15/03/2023

	and other personal possessions.			
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	08/04/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2023
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.	Not Compliant	Orange	02/05/2023
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	Not Compliant	Orange	31/08/2023

	effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	15/03/2023
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	14/04/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	05/05/2023

	suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	05/05/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	05/05/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	05/05/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	05/05/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	05/05/2023
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	15/03/2023

	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.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/08/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/08/2023