Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Esker Lodge Nursing Home
Name of provider:	Esker Lodge Limited
Address of centre:	Esker Place, Cathedral Road, Cavan
Type of inspection:	Unannounced
Date of inspection:	13 October 2022
Centre ID:	OSV-0000135
Fieldwork ID:	MON-0037851

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four hour nursing care to 70 residents both long-term (continuing and dementia care) and short-term (convalescence and respite care). The philosophy of care is to provide excellence in the delivery of compassionate care to residents. The centre is a three storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 October 2022	11:00hrs to 17:20hrs	Nikhil Sureshkumar	Lead
Friday 14 October 2022	09:30hrs to 17:45hrs	Nikhil Sureshkumar	Lead
Thursday 13 October 2022	11:00hrs to 17:20hrs	Ann Wallace	Support
Friday 14 October 2022	09:30hrs to 17:45hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Overall, the feedback from the residents was positive during this inspection with many residents telling the inspectors that they were well cared for in the centre and loved the activities that were provided. The inspectors observed that all actions from the previous inspection in November 2021 had been completed, and the positive outcomes for the residents were evident. This inspection found that improvements were required to ensure that the centre is brought into full compliance with the regulations.

The inspectors spoke to a number of residents in the centre over the two days of the inspection. Residents told the inspectors that "I have a lot of things to do here, there is a good bunch of staff here", "My room is well maintained, and I am very comfortable here, the food is great and there is a variety of food available", "I Iove the activities", "I love feeding the rabbits", "I enjoy going out for walks." However, inspectors were not assured that all residents felt able to make their requests to staff. For example, one resident who was accommodated on Dun A Ri unit told the inspectors that " I am able to use the call bell and it will be handy to have one nearby". The provider was informed of this, and the resident was provided with a call bell.

The centre is located near Cavan town and is close to local amenities. The centre has a large footprint and is laid out over three floors in two units, namely Killykeen and Dun A Ri. The Killykeen accommodates residents on the first floor and on the second floor, whereas Dun A Ri is a dedicated dementia-specific unit located on the ground floor.

This was an unannounced inspection, and on arrival, the inspectors went through the infection prevention and control practices in the centre, such as temperature checks and symptom checks, before entering the residents' accommodation. Staff were available in the centre to ensure that visitors followed appropriate infection prevention and control processes before they entered the designated centre.

Following the introductory meeting with the person in charge and the registered provider representative, the inspectors went for a walk around the centre. The centre's reception has a pleasant ambiance, and the waiting area has seating available for visitors and residents to meet and relax in this area. The centre accommodates 70 residents and was fully occupied on the day of the inspection. The centre was nicely decorated. The entrance was bright and welcoming with colourful flower hanging baskets on the outside of the building. This neat, well kept appearance continued through into the resident areas, both inside and outside of the building.

The centre's different floors were interconnected with stairs and lifts. The corridors of the centre were wide, and handrails were available on both sides of the corridors. Corridors were bright and had natural and artificial lights, and were well-ventilated.

Residents were observed independently mobilising around the corridor areas on each floor. The equipment storage in the centre has significantly improved since the previous inspection. However, the corridor leading to the balcony area of the second floor was partially obstructed by a hoist which prevented residents from easily and safely accessing the balcony area. There was a separate access to the balcony from the day room, however, the day room was small and the space to move around those residents who were using the day room was limited which, in turn, reduced accessibility to the balcony area for other residents.

The inspectors spent time in the different units chatting with residents and observing the quality of staff interactions with residents. Staff interactions with residents were respectful, and staff attended to the care needs of the residents with kindness and compassion. The staff assistance offered to residents was discrete and supportive, especially when the residents were in communal rooms. Staff who spoke with the inspectors were found to be knowledgeable about the residents' needs and preferences for care and support. Staff supported residents in various activities in the centre and significant improvements were noted in the provision of meaningful activities to the residents.

Inspectors found that there was a calm and welcoming atmosphere on all units. There was a low level of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated.

Over the two days of the inspection the residents were engaged in various activities of their choice. Outings were facilitated, and the residents who spoke with the inspectors said that they enjoyed the activities in the centre. There were sufficient staff allocated to assist residents with the activities, and a schedule of activities was displayed at appropriate locations in the centre. The inspectors saw a live music session that was scheduled to happen on one day of the inspection which residents told the inspectors that they enjoyed the session very much. Residents who needed support and encouragement to participate in the session were facilitated by staff in a discreet and respectful manner.

The staff interaction in the dementia-specific unit was found to be supportive, and the residents were engaged in various activities such as art therapy and craft sessions. The ambiance of the dementia-specific unit was calm and generally supported the needs of the residents, however, the inspectors noted that on a number of occasions there were no staff in the communal rooms to supervise the residents using this area.

The inspectors found that the residents in the centre have good access to the internal garden located in the Dun A Ri unit. The internal garden of the centre was beautifully maintained with flower beds, garden planters, and window boxes. There were a variety of shrubbery and flowering plants in the garden. A small aviary was also made available in the corner of the garden, and many staff told the inspectors that the residents enjoyed feeding the birds. The residents told the inspector that

they were able to access the garden and that they enjoyed spending time in the garden. This was validated by the inspectors who observed residents walking in the garden throughout the two days of the inspection either by themselves or with the supervision of staff. In addition, the balcony areas of the centre were found to be effectively utilised, and residents were found to be accessing the balcony areas on the two days of inspection. This is an improvement from the previous inspection. The balcony of the second floor has a rabbit cage, and inspectors found residents involved in looking after the rabbits. Some residents commented that "I love to see them every day, and I look after them, some days, I cannot come out of the balcony on my own, but the staff help me. They are very good at that".

The centre has a mix of single and twin occupancy rooms in the centre. The residents' rooms were found to be mostly personalised with photographs and other memorabilia. The residents had access to wardrobes and were able to access their personal clothes. However, the layout of two twin rooms did not support the needs of some residents, and this is further discussed under Regulation 17. There were sufficient communal bathrooms and toilets for the number of residents on each unit. Communal toilets and bathrooms were generally well maintained, however, the inspectors noted that one communal bathroom had a malodour which had not been identified and addressed by staff. This was brought to the attention of the provider, and was immediately addressed. Although suitable adaptations were available in most of the communal toilets, some toilets required additional grab rails to be fitted to support the residents.

Residents were found to have access to telephones, personal mobile phones and technological devices such as tablets, which supported them in maintaining contact with friends and family. Visits were happening in the centre, and residents were happy with the arrangements. A number of visitors spoke with the inspectors and expressed high levels of satisfaction with the care and services their loved ones received in the designated centre.

The next two sections of the 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

The provider had completed the compliance plan actions from the previous inspection. It was evident that the provider was working with staff and the clinical management team, to drive quality improvements in the centre and to improve compliance with the regulations. However, some actions were required to ensure that the provider was in full compliance with the regulations. The findings are discussed under the relevant regulations in this report.

This unannounced inspection was to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centre for older people) Regulation

2013 (as amended). Inspectors also reviewed the actions from the compliance plans from the November 2021 inspection and found that they had been completed.

The provider of Esker Lodge Nursing Home is Esker Lodge Limited. There is a clearly defined management structure consisting of the representative of the provider, the person in charge and the assistant director of nursing (ADON).
Management meetings and staff meetings were held regularly in the centre, and the inspectors reviewed the meeting minutes held in the centre. Meeting records showed that a range of issues, such as clinical and non-clinical matters, was discussed in those meetings. However, safeguarding concerns arising in the centre were not included as an integral part of those management and staff meetings. This was addressed at the time of the inspection and safeguarding was included as an agenda item on future clinical safety management and staff meetings.

The inspectors reviewed a record of four potential safeguarding incidents that occurred in the centre. The provider had failed to inform the Chief inspector of these incidents as required under Regulation 31, Notification of incidents.

Furthermore, the provider had recently employed two staff members to fulfil short notice unplanned leave. The provider had applied for Garda Vetting; however, staff commenced their employment in the centre without obtaining appropriate Garda vetting. The provider was required to obtain the appropriate Garda vetting, which they did before the end of the inspection.

There was a sufficient number of staff with the necessary skill mix available in the centre. The provider has relied on agency staff to fill staff absences and vacancies in the centre. Several agency staff were working in the centre on the day of the inspection. However, the inspectors found that the staffing allocation in specialist dementia unit did not ensure that there was a member of staff available at all times to supervise residents in the communal areas.

The provider has a training system in place to ensure that the centre's regular staff have access to appropriate training. A training matrix was available in the centre for review.

The centre has a complaint policy and a complaint procedure that is accessible to the residents, and the residents who spoke with the inspectors were knowledgeable about the process of making any complaints.

Regulation 15: Staffing

The provider had kept the number and skill mix of staff in the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a sufficient number of nurses on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were sufficient staff on duty in the centre. However, the inspectors found that the staffing allocation in the specialist dementia unit did not ensure that there was a member of staff available at all times to supervise residents in a communal area.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had made arrangements to secure insurance against injury to residents and other risks, including loss or damage to a residents' property.

Judgment: Compliant

Regulation 23: Governance and management

More focus and effort were required to ensure that the provider's management systems were effective and ensured that the following areas of the service were safe, appropriate and consistent:

- The provider had a comprehensive admissions procedure in place; however, some small actions were required to ensure that all the relevant information was obtained before a potential new resident was admitted to the designated centre, including the rationale for those residents who had additional funding in place.
- The oversight of recruitment processes did not ensure that all staff had appropriate Garda vetting in place prior to commencing work in the designated centre.
- The provider's oversight arrangements on staff supervision and allocation were insufficient to ensure staff supervision of residents in Dun A Ri unit at all times.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff. The complaints policy identified the nominated complaints officer and included an appeals process. A summary of the complaints procedure was displayed at appropriate locations. Procedures were in place to ensure that all complaints were logged and investigated, and that the outcome of the investigation was communicated to complainants.

Judgment: Compliant

Regulation 21: Records

The following Schedule 2 records were not available in relation to one newly recruited member of staff:

- A full employment history together with a satisfactory history of any gaps in employment.
- A written reference form the person's most recent employer.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had not notified the Chief Inspector in writing about four alleged safeguarding incidents that had occurred in the centre.

Judgment: Substantially compliant

Quality and safety

Overall, the residents received a good quality of care in the centre. Care was person -centred and residents' rights were found to be respected and upheld. However, additional improvements were required to ensure that the service provided in the centre remained safe and appropriate in all areas.

Over the course of the two-day inspection, inspectors spoke with several staff members and found that they were knowledgeable about the safeguarding process, how to identify abuse and their role in protecting the residents in their care. Residents were observed to be comfortable with the staff, and those residents who were unable to verbalise their feelings appeared contented. Residents who chatted with the inspectors said that they felt safe and that they could talk with a member

of staff if they had any concerns. This was validated by visitors who reported that their loved ones were safe and comfortable and that if they had any concerns, they could talk with staff and managers.

While the centre had a comprehensive safeguarding policy in place, inspectors found that this policy had not been implemented consistently. For example, four incidents of responsive behaviours had not been followed up in line with the centre's policies and procedures.

The inspectors reviewed a sample of assessments and care plans and found that the quality of care plans had improved since the last inspection. However, further improvements were required to ensure that each resident had a comprehensive assessment of their needs completed prior to admission to the designated centre.

Improvements were also required to ensure that those residents who displayed responsive behaviours had an appropriate care plan in place that ensured staff had all of the information they needed to identify triggers for responsive behaviours and any potential risk associated with those behaviours. The inspectors found that staff records of two incidents in relation to a resident's responsive behaviours did not clearly set out what had occurred during the incident. As a result, nursing staff and managers were not able to identify the level of clinical risk associated with the incident and what, if any, interventions were required to reduce that risk.

Inspectors reviewed the infection control procedures in the centre. The provider had a programme to install additional dedicated clinical wash hand basins along corridors, and several had been installed and were in use on the day of the inspection. This was an improvement from the previous inspection. Hand sanitisers were available in the centre at appropriate locations, which further increased opportunities for staff to carry out appropriate hand hygiene practices. The inspectors observed staff carrying out good standards of hand hygiene throughout the inspection.

The inspectors found that the layout of some twin-bedded rooms did not meet the needs of the residents with higher dependencies. While the residents had bedside cabinets available in the room, they were placed away from the residents' beds in some rooms, which meant that the residents could not maintain control of their personal belongings when they were in bed. Furthermore, privacy curtains were not fully installed in some twin-bedded rooms. The inspectors also found that the door to an ensuite facility in a twin-bedded room did not have an appropriate locking facility. The door lock was required to ensure that the residents could carry out their personal care needs in private while accessing the ensuite.

While the provider was found to be proactive in managing the fire safety risk in the centre, additional improvements were required to ensure that fire safety drills were clearly documented to provide assurance that residents could be safely evacuated from the centre, in a timely manner, in the event of an emergency. This is discussed under Regulation 28.

Regulation 17: Premises

The layout of the bed space of two twin bedrooms did not support the needs of the residents. For example:

- The space around the beds in one twin bedded room on the second floor required review to ensure that there was sufficient space to facilitate the use of equipment such as hoists or comfort chairs for higher-dependency residents who needed to use this type of equipment. In addition, the layout of the bedroom did not allow the residents to have their bedside cabinets next to their beds. As a result, the bedside cabinets were placed away from the residents beds which meant that the residents could not access their personal belongings when they were in bed.
- The layout of another twin bedded room on the second floor meant that when the residents in the bed space near the window pulled their privacy curtain, the other resident in the bedroom could not see out of the window and did not have access to natural lighting. In addition, one resident in this twin-bedded room could not access their bed space or use the toilet without passing through the bed space of the other resident.

The premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- There were insufficient grab rails in some communal toilets in the centre.
- Several residents accommodated on Dun A Ri unit did not have access to call bells near their beds and there was no clear risk assessment why the resident could not have a call bell.
- The storage of equipment at the entrance to the outside balcony area on the second floor of the centre obstructed resident's access to their outside space.
- Hoist slings stored in the hoist store room were not clearly labelled to inform staff that they had been cleaned and were ready for re-use.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider ensured that procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff. This included a time bound plan to install additional clinical hand washbasins on all units.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors reviewed the records of fire drills that had been carried out in the designated centre since the last inspection. Fire drill records did not clearly record how simulated fire evacuations had been carried out including time frames for same. As a result, inspectors were not assured that the provider had sufficiently reviewed staff responses to a simulated fire emergency to ensure that the response was adequate and completed in a satisfactory time frame with the available staff on duty.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors reviewed a sample of medication administration records and noted that all medicinal products were administered in accordance with the directions of the prescriber. Medicinal products and the records of medication-related interventions were found to be stored securely in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

One resident did not have all of their complex needs identified either in their pre admission or on admission assessments. This was in part due to the lack of information that was shared with the provider and person in charge at the time of the person's admission. As a result this resident did not have a comprehensive care plan in place for their responsive behaviour needs which meant that staff caring for the resident did not have access to all of the information they needed to support the resident and to identify triggers for behaviours and potential risks for this resident and other residents in the unit.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing care and health care needs were met to a good standard. Residents were supported to safely attend outpatient and other appointments in line with public health guidance. Residents had timely access to general practitioners

(GPs) from local practices, allied health professionals and specialist medical and nursing services. However, some improvements were required to ensure that these consultations and follow up reviews were clearly recorded in a contemporaneous manner in the resident's records. This is addressed under Regulation 21.

Judgment: Compliant

Regulation 8: Protection

The provider had not taken all reasonable precautions to protect the residents from abuse. For example:

- The records of four incidents of responsive behaviours reviewed by inspectors reported potential safeguarding risks which were not investigated and managed in line with the centre's own safeguarding policy. There was no record that the incidents had been reported to the centre's designated officer in line with the centre's own policy so that an initial screening could be completed. Records did show that two of the incidents had been reviewed with the multi-disciplinary team as part of the regular multi-disciplinary team meetings; however, these meetings were held a number of weeks after the date of the incidents.

Judgment: Not compliant

Regulation 9: Residents' rights

The lock on the door to the en-suite in twin bedroom 4 on the ground floor was broken and had been removed. As a result, residents in this bedroom were not able to have the door locked when they were using the en-suite facility for personal care.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Esker Lodge Nursing Home OSV-0000135

Inspection ID: MON-0037851

Date of inspection: 14/10/2022

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Esker Lodge will continue to review the staff training matrix and policies around recruitment, induction and supervision of staff to ensure they are in line with best practice and any changes to national standards, policy or legislative provisions – ongoing.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Implement further enhancements to the pre-admission assessment to ensure it is more robust in relation to potential residents who may require specialist care, including seeking information about previous residential placements where possible and practical to do so - complete. Unfortunately on this occasion, a national staffing crisis, the need for additional staff emerged in a non-resident facing role and appointments were necessary for the continuation of essential services. The necessary Garda Vetting applications were made and the Provider was actively pursuing the two open applications on a daily basis and these were duly produced during day one and day two of the inspection – complete.	

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Following the inspection, the Provider and PIC has done a full review of the Schedule 2 and Schedule 3 records and confirms the necessary documents are all in place – complete.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Following the inspection, a retrospective review of the relevant incident forms and nursing narrative notes for two residents was conducted by the PIC.

In one incident, a documentation error was noted and has been retrospectively corrected using a witness statement from the relevant nurse. This witness statement confirmed that the incident as described did not present any potential safeguarding concerns.

Further advice was also sought from the local HSE safeguarding and protection liaison officer, for both incidents who confirmed that they did not fall under the accepted definitions or clinical indicators of abuse and accordingly, no statutory notifications were required.

However, in order to assuage the Chief Inspector staff will receive updated guidance on incident recording, updates on the definitions and clinical indicators for abuse and the notification requirements – April 2023 and ongoing.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A review of the configuration of multi-occupancy rooms will be completed to identify and mitigate any issues for residents and/ or staff when the privacy curtains are pulled – March 2023.

The Provider will review the call bell system in use to ascertain if alternatives to the existing cord operated system can be implemented. In the interim, any resident that has been assessed as presenting with a risk, will have that risk clearly identified in their

individual risk assessment as part of their resident record. A general risk will also be added to the nursing homes risk register – March 2023.

'I am clean' labels have now been introduced for hoist slings when decontaminated between resident use - complete.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire drill records have been amended to include the method of and time taken for evacuation – complete.

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 in question is the subject of independent reviews by the HSE on an on-going basis. Their care plans are reviewed as part of this process. However, the Provider will implement further enhancements to the pre-admission assessment to ensure it is more robust in relation to potential residents who may require specialist care, including seeking information about previous residential placements where possible and practical to do so - complete.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The required Garda Vetting Disclosures have been obtained for the two staff, recruited in an emergency in a non-resident facing role – complete.

The Provider will continue to apply for and actively chase up disclosures prior to appointment.

Further advice was also sought from the local HSE safeguarding and protection liaison

officer, for both incidents who confirmed that they did not fall under the accepted definitions or clinical indicators of abuse and accordingly, no statutory notifications were required. However, in order to assuage the Chief Inspector staff will receive updated guidance on incident recording, updates on the definitions and clinical indicators for abuse and the notification requirements – March 2023 and ongoing.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The lock on the door to the ensuite was fixed immediately by the maintenance personnel onsite when brought to our attention – complete.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	11/01/2023
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	31/03/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	11/01/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	11/01/2023

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	11/01/2023
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	31/03/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who	Substantially Compliant	Yellow	11/01/2023

	intends to be a resident immediately before or on the person's admission to a designated centre.			
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	11/01/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/03/2023
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	31/03/2023
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	11/01/2023