



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

## Issued by the Chief Inspector

Name of designated centre:	Lystoll Lodge Nursing Home
Name of provider:	Lystoll Lodge Nursing Home Limited
Address of centre:	Skehenerin, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	28 March 2024
Centre ID:	OSV-0000246
Fieldwork ID:	MON-0043110

## About the designated centre

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

Lystoll Lodge Nursing Home is situated in the countryside, approximately one mile outside the heritage town of Listowel. The centre provides 24-hour nursing care, which is led by the person in charge, who is a qualified nurse. The centre is a two story premises and is registered to accommodate 48 residents. Bedroom accommodation consists of 28 single bedrooms and ten twin bedrooms. There is a variety of communal space, which includes a dining room on the ground floor and three sitting rooms, as well as an internal garden. The centre can accommodate both male and female residents requiring continuing care, respite care, convalescence care, dementia care, psychiatric care and end-of-life care. Admissions to Lystoll Lodge Nursing Home are arranged by appointment, following a pre-admission assessment of needs.

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

Number of residents on the date of inspection:	46
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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
Thursday 28 March 2024	09:30hrs to 16:45hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out over one day. The inspector met a number of residents in the centre to gain an insight into their experiences of living in Lystoll Lodge Nursing Home and spoke in more detail with eight residents. Overall, residents were highly complimentary with regards to the kindness and commitment of the staff working in the centre. They told the inspector they could talk to staff and ask for anything and they would always assist them. Two residents informed the inspector that there were some days that there was nothing to do and the days were long, especially at the weekends. This correlated with the observations of the inspector which were that residents had limited opportunities for social stimulation and activities on the day of this inspection. The inspector had the opportunity to meet with one visitor who told the inspector that the staff were very kind and approachable.

On arrival to the centre the inspector met with the administrator. They informed the inspector that the person in charge was on planned leave and the assistant director was on unplanned leave. A senior nurse was in charge of the centre and the inspector met with this person. As the inspector was familiar with the centre they walked around the premises meeting with residents and observing staff delivering care until the nurse on duty was available to provide details on the residents. The person in charge attended the centre soon after the inspectors arrival and was present for the remainder of the day.

Lystoll Lodge Nursing Home is a designated centre for older people situated in a rural setting, outside the town of Listowel, County Kerry. The centre is a two story purpose built nursing home which is registered to accommodate 48 residents. There were 46 residents living in the centre on the day of this inspection. Operationally, there were 30 residents bedrooms on the first floor and 18 on the ground floor, with a lift available for residents use. The inspector saw that some bedrooms were observed to be personalised with residents belongings. The inspector observed that an extension to the premises was near completion with final work to a new external laundry which was ongoing. This extension comprised of additional bedrooms and a large communal sitting room on each floor.

The inspector noted that the centre was clean throughout and there was adequate cleaning staff employed in the centre on the day of this inspection, one on each floor. There were hand washing sinks on each corridor and staff were observed adhering to good hand washing practices. On the walk around the inspector saw that there was painting of corridors taking place and the centre was in an improved state of repair since the previous inspection.

Communal space on the ground floor consists of a sitting room and dining room which were just off the main foyer. The inspector observed that on average eight to ten residents spent their day in this sitting for the majority of the day. However, with the exception of a short quiz at 3 o'clock residents were observed sitting in this

room with nothing to occupy them except for a television. The inspector also saw this room was cluttered with bed tables and equipment which took from the homely feel of a sitting room. These findings are actioned under regulation 9 and 17.

Communal space upstairs comprises of one sitting room. The inspector spent time observing the residents day in this area. For a large part of the day there were 18 residents sitting in this room. Similar to downstairs the inspector saw that there were no opportunities for residents to partake in activities, with the exception of a crossword or book provided to a couple of residents. The inspector enquired as to what was planned for the day and was informed that the person employed as activities coordinator was on planned leave and there was not a person assigned to replace this leave. A review of the rosters found that this would result in an absence of any planned activities for nine days. The majority of residents using this sitting room were also observed having their dinner in armchairs with a bed table in front of them. Therefore, they were not afforded a dining experience. These findings are actioned under regulation 9.

As found on the previous inspection the prayer room was not available to residents as it was operating as a nurses station, which is actioned under regulation 17. There was not evidence that residents had been consulted with or in agreement about this room no longer being available for prayer.

The inspector observed that staff were working hard throughout the day. They greeted residents by name and residents were seen to enjoy the company of staff laughing and joking with them. Staff were observed to speak with residents kindly and respectfully at all times and to interact with them in a friendly manner. The inspector saw that the allocation of four healthcare assistants to the first floor was not adequate on the day of this inspection considering the high care requirements and supervision required for these residents, many of whom had a cognitive impairment and required two staff for assistance. The inspector was informed that one member of staff was on leave, however, they had not been replaced. This finding is further detailed under regulation 15.

The inspector observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering. Staff were observed to speak with residents in a kind and respectful manner, and to ask for consent prior to any care interventions. Many positive respectful interactions were seen between staff and residents.

The inspector observed the dining experience downstairs in the dining room and provision and choice of food. Residents told the inspector they enjoyed the food in the centre and they were always given a choice. Meals were observed to be well presented and residents told the inspector they could ask for anything they wanted and they were always accommodated. Staff were observed attending to residents in their bedrooms to provide support during mealtimes. Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an unannounced inspection carried out over one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, findings of this inspection were that management oversight of the quality and safety of the service and clinical care provided to residents required action to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. The last inspection of this centre had been in June 2023, ten months prior. The inspector followed up on the actions required from the previous inspection and it was evident that some of the commitments given in the compliance plan had not been completed.

The inspector followed up on unsolicited information submitted since that previous inspection with regards to supervision of residents in communal rooms, care delivery and staffing levels. Evidence was found to support that action was required in staffing, as detailed under regulation 15.

The registered provider of the centre is Lystoll Lodge Nursing Home Limited which comprises of two company directors. Both directors are fully engaged in the running of the centre and were present for the inspection. The centre had a restrictive condition attached to its registration which stated that the designated centre shall be operated at all times in accordance with the regulations and the governance arrangements as detailed in documentation submitted to the Chief Inspector in July 2022.

There is a defined management structure within this designated centre. As per regulatory requirements there is a full time person in charge. They are supported by an assistant director of nursing. The inspector was informed that the assistant director of nursing had recently resigned their position and was currently working their notice period. The provider was actively recruiting for this position. This management team was supported by nursing, healthcare, catering, domestic and administration staff. Findings of this inspection were that the governance arrangements in place to ensure that there is effective communication processes required strengthening, which is further detailed under regulation 23.

There were two registered nurses on duty day and night in the centre. However, staffing numbers and skill mix on the day of inspection were found not to be appropriate to meet the individual and collective need of the residents on the first floor. Information provided on the day was that staff from the ground floor also assisted on the first floor, however, staff informed the inspector that this was not

the internal practices and was not observed on the day of this inspection. This finding is actioned under regulation 15.

Training in the centre was being well monitored by the centres administrator and improvements in attendance were noted since the previous inspection. There was a training and development programme in place for all grades of staff. Records showed that all staff had completed training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training with regard to their role and responsibility in recognising and responding to allegations of abuse.

A system of audit was in place with an audit schedule that included medication management, falls, dining experience and infection control. However, the monitoring and oversight processes that were in place had not identified a number of areas for improvement found on this inspection and there were not always action plans associated with findings. This is further detailed under regulation 23. There was a complaint procedure in place and residents were made aware of the complaints process which was displayed at the entrance to the centre.

All residents were issued with a contract for the provision of services. However, not all contracts outlined the fees for additional services, which is actioned under regulation 24. Incidents as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The provider had an up-to-date contract of insurance against injury to residents and protection of residents property.

### Regulation 15: Staffing

The number and skill mix of staff on the first floor was not appropriate considering the high dependency needs of residents and the size and layout of the designated centre. There were four health care attendants allocated to this floor with responsibility for 29 residents. The profile of these residents was as follows: 62% had a cognitive impairment, 34% were assessed as a high falls risk and 58% were assessed as high to maximum dependency. Therefore, they required additional supports from staff and enhanced supervision. There was also an insufficient complement of staff allocated to social stimulation of residents, which is actioned under regulation 9.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Records viewed by the inspector confirmed that the majority of staff training was up-to-date and was being monitored by an administrator. A few staff were due



training in safeguarding and manual handling, however, it was scheduled to be completed in the coming weeks.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management systems were not sufficiently robust and required strengthening to ensure that safe and appropriate care and services were being delivered to the residents, evidenced by:

- the inspector found that the systems in place for the oversight of residents healthcare, care planning and transfer out of the centre required action. Findings in relation to same are outlined under Regulations 6, 5 and 25.
- the inspector was not assured that there were effective communication processes in place to relay information to the management team, relating to residents clinical care. As a result there was not effective oversight.
- the provider had not ensured that staffing resources were effectively organised and managed in the centre to ensure that care was provided to residents, in accordance with the centre's statement of purpose. For example; staffing resources were not available to cover unplanned leave, or maintain planned rosters, particularly in terms of health care and activities.
- findings of the previous inspection pertaining to residents rights had not been addressed and residents were not afforded meaningful activities.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Some contracts of care did not outline the additional fees services to be provided and the fees to be charged, including fees for additional services. This is a requirement of the regulation.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of incidents was well maintained in the centre. Based on a review of incidents the inspector was satisfied that all notifications were submitted, as required by the regulations to the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place and this was displayed at the entrance to the designated centre. Residents and families were made aware of the complaints policy and knew how to make a complaint if they wished to do so.

Judgment: Compliant

## Quality and safety

Overall, this inspection found residents had good access to medical care and reported they felt safe in the centre. However, action was required in individual assessment and care planning, the provision of activities for residents and residents rights to ensure that the centre was meeting the care needs of all residents. Findings will be detailed under the relevant regulations.

The inspector reviewed a sample of resident files and found evidence that resident's assessments and care plans were completed within 48 hours of admission to the centre, in line with regulatory requirements. Each resident had a care plan in place. However, residents individual clinical assessments and care planning required improvement to ensure that they were accurate, up to date and provided personalised information for staff to follow when giving care. This finding is further detailed under regulation 5.

Residents had access to their general practitioner who visited the centre and there was an out of hours service also available. Arrangements were in place for residents to access the expertise of health and social care professionals such as speech and language, palliative care and occupational therapy through a system of referral. The provider employed a physiotherapist who visited the centre one day per week. Records showed that the majority of residents were appropriately referred to health

professionals for further expert assessment when clinically indicated. However, a resident who had a significant weight loss recorded had not been referred for further expert assessment in a timely manner to ensure best outcomes. Wound care practices also required improvement to ensure that they were assessed in line with recommended guidance, as actioned under regulation 6.

The inspector reviewed two residents records who had recently been transferred to hospital and was not assured that the systems in place were adequate to ensure there were effective communication processes in place, which is actioned under regulation 25. This was also a finding on the previous inspection.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Safeguarding incidents had been reported and investigated as per the centres policy.

Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings and taking part in resident surveys. Residents had access to daily and weekly newspapers, Internet and television. As mentioned in the first section of this report there were not facilities for residents to participate in activities in accordance with their interests and capacities, on the day of this inspection and some residents were not afforded a dining experience.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Each resident had adequate space to store and retain control over their clothes and they had adequate space to store their personal possessions. Laundry was provided on site and residents reported they were satisfied with this service.

Judgment: Compliant

## Regulation 17: Premises

The inspector found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example:

- there were inadequate storage facilities in the centre, as evidenced by multiple pieces of mobility equipment and bedside tables stored in communal sitting rooms.
- some bedrooms and door frames required painting as paint was chipped. The inspector acknowledges that there was an ongoing plan for painting the premises on the day of this inspection.
- the change of function of the chapel to a clinical/nurses room was contrary to the centres statement of purpose, which outlines the conditions by which the centre was registered by the Chief Inspector. The chapel was observed to be operating as a nurses station, which did not give residents the use of this area for prayer. This was also a finding on the last two inspections of this centre.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these needs were met. Systems were in place to ensure that residents received correct meals as recommended by speech and language therapists and dietitians. Information on residents' requirements regarding special diets and correct food consistencies were communicated to the catering staff. Residents were observed to be offered drinks and snacks throughout the day.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

The inspector was not assured that when a resident is temporarily absent from a designated centre for treatment at a hospital, the person in charge had ensured that all the relevant information about the resident is provided to the receiving hospital. This was also a finding on the previous inspection of this centre and commitments were given in the compliance plan following the inspection that systems would be reviewed and documentation enhanced. However, the following findings of this inspection were that this had not been actioned as outlined below:

- one resident recently transferred to hospital did not have any evidence of documentation available to identify that this information had been conveyed to the receiving hospital.
- one residents documentation did not have all relevant details pertaining to their care included in documentation submitted to the hospital such as clinical vital signs, history of seizures and prescribed modified dietary requirements.

Judgment: Not compliant

### Regulation 27: Infection control

Standard infection control precautions was generally implemented in a way that minimised the risk of transmitting a healthcare-associated infection, however, further action is required to be fully compliant. This was evidenced by;

- as found on the previous inspection the one clinical room in the centre did not have appropriate clinical hand washing facilities. The back splash of the sink was observed to be stained and was not sealed, therefore, effective cleaning could not be assured.
- a pressure relieving cushion and a bed bumper in use by residents were frayed and damaged. Therefore, effective cleaning could not be assured.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- on review of an assessment tool used to assess a resident for the risk of malnutrition the inspector found that this was not being completed correctly. Specifically, the percentage of weight loss was not being appropriately tracked and monitored to identify a significant weight loss. Therefore, this could not guide care delivery and ensure that professional expertise was requested.
- a resident requiring specific care interventions to manage seizures did not have a care plan in place to guide the appropriate care. For example, while there is a medication prescription from the GP which outlines the action required in the event of a seizure, this was not recorded in the resident's care plan. Therefore, there was not a clear plan in place to ensure all staff were aware of the actions to take and the medical response required, in event of an emergency.

- a resident who had experienced falls did not have an up-to-date assessment or care plan. The care plan reviewed by the inspector was dated July 2022.
- a resident requiring a behavioral support plan did not have this in place to direct care.
- care plans were not always updated when the dependency levels or requirements for support of residents changed. For example, one resident's care plan stated that the resident can mobilise with a Zimmer frame and assistance of one, however, a record of a physiotherapist review stated that this resident is for full hoist transfer due to a change to their mobility and ability to weight bear.

Judgment: Not compliant

### Regulation 6: Health care

The following required action pertaining to healthcare to ensure that evidence based nursing care was consistently provided:

- In addition to the evidence presented by the inspector under Regulation 5 in relation to the resident who experienced significant weight loss, the inspector noted that the care plan did not evidence any referral to the GP or a dietitian. The care plan did not include any advice on how best to care for this resident.
- residents' wound assessments were not always completed in line with best practice. For example, in some instances measurements of the wound were not available. This made it difficult to ascertain if the current wound dressing plan was having a positive impact on the healing process or if further review was required.

Judgment: Not compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training available for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre. Staff spoken with were clear on what they would do if they had a safeguarding concern. The inspector reviewed the investigation record of a safeguarding concern and was assured that appropriate measures were taken by management to protect the resident and the safeguarding policy was implemented.

Judgment: Compliant

## Regulation 9: Residents' rights

Action was required to ensure residents rights were upheld in the centre, evidenced by:

- this inspection found that some residents did not have access to a dining room for meals as the dining room facilities could only accommodate approximately 16 residents. Therefore, some residents remained in the day room upstairs for their meals, with a tray table in front of them. This did not afford them a proper dining experience or a chance for movement to another room for their meals. It also did not facilitate residents choice.
- the provider had not ensured that there were appropriate facilities for occupation and recreation available to residents, and that residents had opportunities to participate in meaningful group and individual activities.
- residents were not afforded access to the prayer room in the centre. Records from a residents meeting in February 2024 evidenced that a resident had requested this facility be available to them.

These findings pertaining to residents rights were also highlighted on the previous inspection, however, they had not been addressed.

Judgment: Not compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Lystoll Lodge Nursing Home OSV-0000246

Inspection ID: MON-0043110

Date of inspection: 29/03/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider has approved the person in charge to roster another member of staff for activities coordination when the full time activities coordinator is on leave.</p> <p>The Person in Charge was not informed by the inspector of any evidenced based tool utilised by the inspector to determine that the staffing levels of HCA staff were inadequate during the inspection, nor was there any evidence to suggest that the staffing levels did not meet the care needs of residents during the day of the inspection. There is no specific evidence based information to support any claim that staffing were not adequate or not of the appropriate skill mix.</p> <p>From our records, they being the roster and electronic timesheet, there was a nurse and 3 healthcare assistants assigned to the ground floor and 4 healthcare assistants plus a nurse assigned to the first floor on the day of the inspection for 46 residents in total from 8am – 8pm, notwithstanding an additional Healthcare Assistant on duty from 5pm – 11pm.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Nursing staff shall receive retraining from the Person In Charge in relation to regulations 5, 6 and 25. A comprehensive audit of regulations 5, 6 and 25 shall be conducted by the Person in Charge to ensure compliance and any follow up actions shall be implemented.</p>	

The Person in Charge was not informed by the inspector of any evidenced based tool utilised to determine that the staffing levels of HCA staff were inadequate during the inspection, nor was there any evidence to suggest that the staffing levels did not meet the care needs of residents during the day of the inspection.

There is no specific evidence based information to support any claim that staffing were not adequate or not of the appropriate skill mix. The registered provider has approved the person in charge to roster another member of staff for activities coordination when the full time activities coordinator is on leave.

There is a robust handover process in place with the Person In Charge twice daily.

The registered provider has approved the person in charge to roster another member of staff for activities coordination when the full time activities coordinator is on leave.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All contracts are to be updated by the registered provider to ensure that all outlines the additional fees services to be provided and the fees to be charged, including fees for additional services.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
An additional storage room for each floor is in place in the back section registered storage rooms of the facility.

All bedrooms and door frames requiring painting have been completed.

The first floor of the nursing home required a nurse's station. This is a temporary measure whilst new sections of the nursing home are in the final stages of construction before an application to register is sent by the registered provider. The registered provider has identified a separate area of the nursing home to be repurposed and utilised as a chapel for residents.

Regulation 25: Temporary absence or discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The National transfer document and health profile for residential care facilities is now in use.</p> <p>Nursing staff have been instructed to make copies of all transfer documentation going forward by the Person in Charge.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Registered Provider shall install a new backsplash behind the clinical sink in the clinical room downstairs.</p> <p>Frayed and damaged items have been removed and new equipment ordered.</p> <p>A comprehensive review of all equipment shall be completed by the registered provider to ensure all items are fit for purpose.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All assessments and care plans shall be revised by the Person In Charge to ensure they are in compliance with the regulations and best practice.</p> <p>Nursing staff shall be re-educated by the Person In Charge in relation to all aspects of Regulation 5.</p> <p>A comprehensive audit by the Person in Charge will be completed to ensure the centres compliance with regulation 5 and any follow up actions shall be implemented.</p>	

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  The resident has been referred to the nursing homes dietician.  All residents receiving wound care have measurements taken and photograph taken when dressing renewed.</p> <p>Nursing staff shall be re-educated by the Person In Charge in relation to all aspects of Regulation 6.</p> <p>A comprehensive audit by the Person in Charge will be completed to ensure the centres compliance with regulation 6 and any follow up actions shall be implemented.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Residents have been provided with sitting room style tables, but residents prefer the use of their own personal bedside tables. Some residents upstairs prefer to have their meals in the day room in accordance with their care plan and preferences.</p> <p>Schedule 6, 3 (i) of SI 415 2013 as amended requires adequate sitting, recreation and dining space other than a residents private accommodation to be made available. It does not prohibit a resident from availing of their meals in other communal areas other than the dining room and their own personal room.</p> <p>The Person In Charge at all times will respect where reasonable the choices and preferences of the resident in accordance with a human rights based approach in the delivery of care to residents.</p> <p>The registered provider has approved the person in charge to roster another member of staff for activities coordination when the full time activities coordinator is on leave.</p> <p>Residents were consulted in line with their rights under regulation 9 as per the minutes of the most recent residents meeting provided to the inspector during the inspection. The first floor of the nursing home required a nurse's station. This is a temporary measure whilst new sections of the nursing home are in the final stages of construction before an application to register is sent by the registered provider. The registered provider has identified a separate area of the nursing home to be repurposed and utilised as a chapel for residents.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/05/2024
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	30/09/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	31/05/2024

	effective delivery of care in accordance with the statement of purpose.			
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	31/05/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/06/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving	Not Compliant	Orange	31/05/2024



	designated centre, hospital or place.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/06/2024
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	Not Compliant	Orange	30/06/2024

	guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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	30/06/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/05/2024
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	31/05/2024