



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

## Issued by the Chief Inspector

Name of designated centre:	Rathkeevan Nursing Home
Name of provider:	Drescator Limited
Address of centre:	Rathkeevin, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	20 July 2022
Centre ID:	OSV-0000271
Fieldwork ID:	MON-0036765

## About the designated centre

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

The centre was purpose built in 2001 and the premises is laid out in four parallel and interconnected blocks on a spacious site. The registered provider for the centre is called Drescator Limited and this centre has been managed by the provider since it opened 21 years ago. The centre is located in a rural setting approximately eight kilometers from Clonmel town. The centre provides care and support for both female and male residents aged over 18 years. The centre provides care for residents with the following care needs: frailty of old age, physical disability, convalescent care, palliative care, and dementia care. The centre can care for residents with percutaneous endoscopic gastrostomy (PEG) tubes, urinary catheters and also for residents with tracheotomy tubes. However, residents presenting with extreme behaviours that challenge will not be admitted to the centre. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. There is a qualified physiotherapist based on site who works as part of the management team. The centre currently employs approximately 54 staff and provides 24-hour.

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

Number of residents on the date of inspection:	47
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## 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
Wednesday 20 July 2022	09:40hrs to 18:25hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

Overall, the residents of Rathkeevan Nursing Home were in receipt of a good service, in an environment that met their needs. The inspector observed staff treating residents with dignity and respect, and staff who spoke with the inspector reported feeling content and happy in the centre. This inspection found that there were many improvements in the overall service provided since the previous inspection. Some areas required further strengthening to ensure that the standard of living for residents, and their safety in the centre was maintained.

The inspector arrived to the centre in the morning to conduct an unannounced inspection. On arrival, the main door was freely accessible and not subject to restricted access by visitors. A brief screening for symptoms related to COVID-19 was conducted on entering the centre, and the inspector met with the general manager and person in charge for an opening meeting. Following this, the inspector toured the centre with the general manager. This tour provided visual evidence of a number of upgrades to the overall premises since the previous inspection. Throughout the day, the inspector met with residents and visitors to identify their experiences of living in the centre. Overall, feedback relayed to the inspector was very good, and residents and visitors alike had high praise for the staff and management of the centre.

The centre is registered for a total of 61 beds, and there were 47 residents living in the centre on the day of inspection. The premises is designed and laid out to meet the needs of the residents. All bedrooms and communal areas are contained on ground floor level, with wide, level corridors and assistive handrails throughout. The majority of the centre's double occupancy rooms had only one occupant, however the occupants were aware that another resident could be admitted to the room, and the general manager stated that they would be given notice of this occurrence. Residents could easily mobilise from their bedroom to one of four day rooms, the dining room and the oratory. Residents were seen to mobilise independently, to self-propel in wheelchairs and to walk using various aids. It was clear that staff knew the residents mobility status well, and they were seen to provide varying levels of assistance when residents were mobilising, all the while promoting individual independence where possible.

There was sufficient outdoor spaces for residents to enjoy, with a number of small enclosed courtyard areas that could be accessed from each day room. One day room was assigned for use for special occasions and family gatherings and was tastefully decorated, however it was noted that the flooring in this area was deeply scratched and there was a build up of grime in some areas. The person in charge outlined that this area was part of the planned flooring refurbishment of the centre. The inspector noted that some areas of flooring had been repaired or replaced and overall the centre was bright and clean. Painting and decorating of the centre was ongoing and most areas appeared fresh and bright. The decor in Dayroom 1 remained tired and with scuffing and marks on the paintwork and woodwork. The

centre's smoking room was kept clean and was well-ventilated to the open air. On the day of inspection the centre was a hive of activity and there were visitors seen to come and go, residents went out for trips and appointments, and activities were taking place. There was a large activities board in the main reception area which outlined all of the weeks activities. White boards on each wing displayed the specific activity for that day. Residents told the inspector that they had plenty to do each day.

The inspector observed that residents were up and about from the early morning, with some choosing to spend time in the communal areas, and some preferring to stay in their rooms. One resident told the inspector that they were used to being in their rooms since contracting COVID-19, and did not have much motivation to come out now. The person in charge echoed this sentiment, and outlined that residents were encouraged to come and socialise and spend time out of their rooms, however a large number continued to choose not to do so. The inspector saw this in practice, when a majority of residents remained in their rooms at mealtimes. The inspector found that the overall dining experience needed improvement, as it appeared rushed and busy, despite not many residents being accommodated in the dining room. Residents were very complimentary of the food on offer, with one stating "there's always second helpings if we want it". There was good choice for residents at mealtimes and there was snacks such as biscuits, fresh fruit and yoghurt available outside of mealtimes. The inspector saw various hot and cold drinks being offered throughout the day. Staff stated that they were ensuring that residents had enough to drink during the recent spell of hot weather. One resident was not satisfied with the timing of the main meal and said that the staff kept trying to make him have it at 12.30, when he wanted it at 1.30. One visitor remarked that there could be more variety, for example, curries and pasta dishes instead of potatoes every day.

The inspector observed staff who were kind and encouraging their interactions with residents, and there was a good camaraderie evident. Residents were suitably engaged throughout the day, allowing for periods of rest and relaxation, and time spent quietly watching the national news, and listening to the radio.

The next two sections of the report will outline in detail the findings of the inspection in relation to the specific regulations, and how these impact on the quality and safety of the service provided.

## Capacity and capability

Overall, the inspector found that management systems in the centre were improving, ensuring good quality care and support was delivered to the residents. This was an unannounced inspection to monitor ongoing compliance with the regulations and standards. The previous inspection of the centre in November 2021 had identified deficits in the governance and management of the centre leading to a significant drop in overall compliance levels and specifically findings of non

compliance in the following regulations:

- Regulation 23 Governance and Management
- Regulation 31: Notification of incidents
- Regulation 27: Infection control
- Regulation 28: Fire precautions
- Regulation 29: Medicines and pharmaceutical services

A cautionary provider meeting was held where the registered provider committed to implementing a range of actions to ensure that the centre was well-governed and to bring the centre back into compliance. On this inspection, the inspector followed up on all of the items outlined in the compliance plan, under the relevant regulations, and found that significant improvements were seen in all areas, and the required actions had been achieved. The previously non-compliant regulations outlined above, apart from Regulation 23: Governance and management, were all deemed compliant on this inspection. Regulation 23 was found to be substantially compliant.

The inspector followed up on two pieces of unsolicited information which had been received by HIQA which related to visiting procedures in the centre and induction of new staff members. The inspector had engaged with the registered provider at the time of receiving the information, and the information was further reviewed during the course of the inspection. Satisfactory assurances were received in relation to both matters.

The registered provider of Rathkeevan Nursing Home is Drescator Limited. This limited company has four directors. Two of these directors are engaged in the day-to-day operations of the centre; one works in the centre in an administrative role and was present in the centre on the day of inspection. Another director visits the centre at minimum on a weekly basis and holds regular meetings with the management team. The day-to-running of the centre is carried out by the general manager and the person in charge. Both were engaged in the oversight of a number of key areas, with identified roles and responsibilities. For example, the general manager was responsible for all aspects of health and safety in the centre including risk management and fire safety, and the person in charge was responsible for the overall direction of clinical care within the centre. There are two clinical nurse managers who, for the most part, managers were part of the daily nursing staff. Where possible there was supernumerary shifts allocated to the clinical nurse managers to assist in the administrative oversight of residents care plans and medication management. There was a team of nursing and healthcare staff, and domestic, catering and activities staff who all provided care and support to the residents.

There had been significant improvements in the overall governance and management of the centre, with improved oversight of all clinical and environmental risks, to ensure the sustained quality and safety of residents in the centre. Communication systems had also improved and there was evidence that following the last inspection, clinical governance meetings had been conducted frequently with the registered provider and management team, detailing the actions and associated required to come into compliance with the regulations and improve the

overall service provided. Regular meetings were held across the various departments to communicate these plans.

The registered provider ensured that staffing levels were closely monitored, based on the occupancy and dependency levels of the centre. Resources had been made available to increase the domestic staff hours and there was now two domestic staff on duty each day. Activity staffing levels had also improved, and there were two full-time activity coordinators employed in the centre. Based on the rosters reviewed by the inspector, there was a good ratio of staff to residents, including a minimum of two staff nurses on each shift. Management cover was provided at the weekend by either the person in charge or the general manager.

Following the previous inspection, the registered provider had ensured that a record of all staff training was held in the centre. Training was provided through a combination of in-person and online formats. Additional training modules had been completed, for example; nurses had completed training in the assessment of malnutrition following a poor finding in this regard on the last inspection. Despite the centre's statement of purpose outlining that residents presenting with extreme challenging behaviour will not be admitted to the centre, all staff had complete training in this regard, due to the fact that a number of residents were diagnosed with dementia, and may potentially develop these behaviours as a consequence of this, or another diagnosis. Healthcare staff were seen to be supervised in the roles by the staff nurses on duty; each nurse coordinated the daily delivery of care to a group of residents, with allocated healthcare assistants to assist in the provision of direct care and support. This meant that there was continuity in care throughout the day by the same group of staff.

There was good management of complaints in the centre. The level of complaints being made was low overall. The complaints record showed that there was one open complaint which was being dealt with under the company's own policy. Incidents and accidents were recorded in the centre. A review of these records showed that the notification of required incidents to HIQA had improved and the person in charge was clear on what constituted a notifiable incident.

### Regulation 15: Staffing

A review of the centre's planned and actual rosters showed that given the size and layout of the centre, there were sufficient staff allocated to meet the individual and collective needs of the residents. The management team outlined that staffing levels were kept under constant review based on the occupancy of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development



The centre had improved the record-keeping of staff training in the centre and a training matrix was reviewed by the inspector which detailed staff attendance at all mandatory training sessions such as fire safety and the management of behaviours that challenge. Evidence of completion of medication management training for two newly-employed staff nurses was submitted in the days following the inspection.

There was a good system of staff induction in place, and management confirmed that staff were allocated six supernumerary shifts with existing staff members prior to being allocated on the staff roster.

Judgment: Compliant

### Regulation 21: Records

Staff records were reviewed by the inspector, and all contained the requirements of Schedule 2 of the regulations. An issue in relation to pre-employment An Garda Síochána (police) vetting certificates is discussed under Regulation 8: Protection.

Other records required by Schedules 3 and 4 of the regulations were also seen to be maintained, for example; a record of all restraint use, a copy of the resident's guide, and a recent photograph of each resident.

Judgment: Compliant

### Regulation 23: Governance and management

While overall management systems in the centre had improved, further action was required to ensure the continued promotion of and safe and consistent service.

- The findings of audits of care planning and assessment documentation did not reflect omissions in assessments and care plans found on this inspection. This is discussed under Regulation 5.
- The oversight and application of bedrails was not subject to thorough risk assessment, in line with national guidance. This is discussed under Regulation 7.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspector reviewed a comprehensive record of incidents and accidents occurring in the centre. Required notifications had been reported to HIQA in accordance with the requirements of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a centre-specific complaints policy and procedure in place, which detailed the nominated complaints officer and also included an independent appeals process as required by the regulation. A summary of the complaints procedure was displayed prominently in the main reception for residents' and visitors attention. The inspector reviewed the record of complaints since the previous inspection and found that these had been addressed appropriately, detailing the investigation, the responses and the outcome. The satisfaction of the complainant was recorded.

Judgment: Compliant

### Quality and safety

The inspector found that residents living in the centre were supported to sustain a good level of overall health and well-being, evidenced by the provision of high quality nursing and medical care. While respect and dignity were evident in the interactions between staff and residents, the system of consultation with residents required strengthening to ensure that the rights and choices of the residents were consistently promoted and that appropriate social assessments were conducted. Action was required to ensure that the use of bedrails was subject to an appropriate assessment.

The inspector acknowledged that the management and staff of the centre had made a number of improvements to ensure that residents were provided with a quality service and an environment that promoted safety. Efforts were ongoing to ensure that all areas of the centre were maintained to a high level both internally and externally. Improvements to the premises since the last inspection included:

- Decorative and painting upgrades in a number of bedrooms and communal areas
- New and repaired flooring in staff and communal areas
- Decluttering of all storage areas and reallocation of each area to specific equipment for example, linen, resident equipment and activities supplies
- Replacement of a large number of scuffed and worn items of furniture including bedside lockers and bed tables.

Specific infection control improvements included:

- Improved procedures and schedules for housekeeping and environmental cleaning, describing the appropriate methods, frequency, equipment and techniques required
- The installation of three clinical hand wash sinks in strategic locations throughout the premises to promote best-practice hand hygiene
- A schedule of steam cleaning of all fabric upholstered chairs
- The implementation of a legionella flushing checklist to compliment legionella prevention.

The centre had managed a recent outbreak of COVID-19 by implementing their contingency plan and increasing communication with staff, residents and visitors. Residents needs had been met throughout the outbreak with the support of GP's and some remote assistance from the public health department. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to minimise the risk of harm to residents and staff. COVID-19 vaccination uptake among residents and staff was optimal and procedures were in place to facilitate testing and isolation of residents should the need arise. Staff continued to participate in regular screening for COVID-19.

Fire safety management records were reviewed by the inspector and improvements were noted since the previous inspection. Appropriate certification was evidenced for servicing and maintenance. Records confirmed that there were daily, weekly and monthly checks of equipment. For example, the fire alarm was tested once a week and fire doors visually checked monthly. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme.

Residents were supported to access appropriate health care services in line with their assessed needs and preferences. General Practitioners (GP) attended the centre on a regular basis, residents had regular medical reviews and were referred for appropriate expert reviews by health and social care professionals when required. Based on the sample of records examined by the inspector, residents were assessed prior to and on admission to the centre. Care plans were completed within 48 hours of admission, in line with the regulations. Nonetheless, nursing assessment and care planning required review, to ensure that residents' social assessments were consistently carried out, in order to provide accurate information to direct the social care of the resident.

Residents' meetings were held regularly in the centre and generally had a good attendance, however more consultation with residents who had a diagnosed cognitive impairment, or their representatives, was required, as discussed under Regulation 9: Residents' rights. The residents had access to independent advocacy services, and the the registered provider had procedures in place to investigate allegations of abuse, should they occur. Improvements in relation to the schedule of activities in the centre was seen during the inspection. The increase to two activity coordinators since the last inspection had a positive impact for residents, and there was now a full programme of varied activities on offer, including therapeutic

activation for residents with dementia.

### Regulation 11: Visits

The registered provider had ensured that arrangements were in place for residents to receive visitors in the centre. Visiting was observed not to be restricted.

Judgment: Compliant

### Regulation 17: Premises

On the day of inspection there was inadequate sluicing facilities. The inspector was informed that the centre's only bedpan washer had broken down approximately one month previously and was awaiting a part for replacement. Alternative measures had been put in place to clean and disinfect equipment such as urinals and bedpans manually.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

Records showed that when residents were temporarily discharged to another facility, all pertinent information about the resident was provided to that facility. A detailed transfer letter was used to capture relevant details, and a copy of this was kept in the resident's own file upon their discharge. On return to the centre following the temporary absence, medical and nursing transfer letters were reviewed for any changes to the resident's care. The person in charge confirmed that if details were unclear, the discharging facility was contacted to ensure that the correct plan of care was implemented.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider ensured that the the procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of

PPE. Regular staff briefings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the HSE.

Regular audits of hand hygiene found good levels of compliance with best-practice techniques; the inspector also noted that staff were seen to perform hand hygiene at appropriate times while caring for residents, and using the clinical hand wash basins in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Up-to-date service records were in place for the maintenance of the fire fighting equipment, fire alarm system and emergency lighting. All residents had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Annual fire training was completed by staff and regular fire drills were undertaken including the simulation of differing scenarios and staffing levels which provided assurances regarding suitable evacuation times.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed to be in line with best practice guidelines. Medications that required administrating in an altered format such as crushing were all individually prescribed by the GP and indication for administration were stated for short -term and "as required" medications.

Out-of-date medicines and medicines which were no longer in use segregated from in-use medications and were returned to the pharmacy promptly. Controlled drugs were carefully managed in accordance with professional guidance for nurses. The electronic system in use prompted the administering nurse to check and sign for each medication, which minimised the risk of errors.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Improvements were required to the system of recording personal and relevant

information on matters which were important to each individual, such as life story information, likes and dislikes, past occupation, hobbies and interests. The inspector found some examples of this type of information being gathered in a document entitled "A Key to Me", however in some of the resident's files, this document was blank and did not contribute to person-centred care planning.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to general practitioners (GPs) from local practice, specialist medical and nursing services, including psychiatry of older age and community palliative care. Allied health professionals provided timely assessment and support for residents as appropriate.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The restraint register identified that 25% of the current residents were using bedrails on the day of inspection. A review of the assessment process before applying bedrails identified that these were not consistently used in accordance with national policy as published by the Department of Health. For example, records showed that alternatives to bedrails were not always trialled, the risks involved with using the bedrail were not documented, and the specific circumstances under which the bedrail was being applied were not detailed.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff files reviewed by the inspector identified that An Garda Siochana (police) vetting certificates were not in place for two staff members until one month after commencement of employment. Although these were in place at the time of the inspection the lack of vetting on commencement of employment posed a risk to residents.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The inspector found that residents were not consistently supported to exercise choice in their daily routine. The inspector observed that there was only one lunchtime sitting which commenced at 12pm and was completed by 1pm. One resident was served their meal in the dining room during this time, however on speaking with the inspector, the resident stated that they had repeatedly asked for their lunch to be served at 1.30pm. The residents stated that staff would continuously try to get them to come to the dining room earlier and believed that this was because they needed to tidy the dining room and take their own breaks.

Residents and family surveys did not include questions on the timing of meals. There was no evidence that residents had been consulted with either formally or informally about their preferences on meal times. Additionally, satisfaction surveys were only carried out once a year. As there were a large number of residents in the centre living with cognitive impairments who were unable to fully voice their opinions during residents meetings, this was not sufficient to fully capture these residents preferences.

Judgment: Substantially compliant

## Regulation 26: Risk management

The management of risks in the centre were informed by a risk management policy. This contained reference to the five specified risks as outlined under Regulation 26. Risk reduction records including an emergency plan and an up-to-date risk register were in place. Clinical and environmental risk assessments were seen to be completed and appropriate actions were taken to mitigate and control any risks identified. A major emergency plan was in place detailing arrangements for the safe care of residents.

Judgment: Compliant

## Regulation 10: Communication difficulties

Each resident had an individual communication care plan which detailed any identified specialist communication needs for example, hearing impairments and speech impediments, and the communication aids in use to allow the resident communicate freely.

Judgment: Compliant





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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 10: Communication difficulties	Compliant

# Compliance Plan for Rathkeevan Nursing Home OSV-0000271

Inspection ID: MON-0036765

Date of inspection: 20/07/2022

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Details of Personal relevant information regarding likes/dislikes, hobbies, occupation etc will be obtained and recorded for all residents in their care plans at time of admission.</p> <p>The oversight and application of bedrails will be subject to thorough risk assessment in line with National Guidance.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Bedpan Washer is now repaired and working properly.</p> <p>The flooring to Dayroom 4 will be renewed and Dayroom 1 will be painted.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

As outlined for Regulation 23, personal information for all residents will be attained and recorded in each individual Care Plan at time of admission.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The oversight and application of bedrails will be subject to thorough risk assessment in line with National Guidance.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
All new Staff will commence employment only after Garda Vetting is in place.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The lunchtime sitting is at 12.30 and any resident seeking a later time is accommodated. Monthly resident meetings all contain an agenda item "Food and Meal Time" and no resident have expressed any dissatisfaction with these arrangements. However from now on, a survey of Residents and Next of Kin for those with cognitive impairment will be carried out twice annually on the topic of Mealtimes.

## 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 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	31/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social	Substantially Compliant	Yellow	30/09/2022

	care needs of a resident or a person who 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	30/09/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/08/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	23/08/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and	Substantially Compliant	Yellow	31/08/2022

	participate in the organisation of the designated centre concerned.			
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