



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

Issued by the Chief Inspector

Name of designated centre:	St Martha's Nursing Home
Name of provider:	Elder Nursing Homes (Charleville) Limited
Address of centre:	Love Lane, Clybee, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0000291
Fieldwork ID:	MON-0036179

About the designated centre

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

St. Martha's Nursing Home is a purpose built, single storey premises set back from the main road on the outskirts of Charleville, Co. Cork. The centre provides accommodation for up to 36 residents in twenty two single and seven twin bedrooms. Thirteen of the single bedrooms and two of the twin bedrooms are en suite with shower, toilet and wash hand basin. The remaining bedrooms are equipped with a wash hand-basin facility. The centre accommodates both female and male residents for long-term care and also facilitates short-term care for residents requiring convalescence, respite and palliative care. The centre caters for residents assessed as low, medium, high and maximum dependency. There is an internal courtyard which is accessible to residents that wish to spend some time in the open air.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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
Tuesday 17 May 2022	09:30hrs to 17:15hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. The inspector met with the majority of the 33 residents living in the centre and spoke with six residents in more detail to gain an insight into their lived experience. The inspector also met with a number of visitors who were visiting their relatives during the inspection. Residents and relatives were complimentary about the service and the care provided. Residents told the inspector that staff were kind and caring and respected their choices. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival, the inspector was guided through the centre's infection control procedures by the clinical nurse manager who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. An opening meeting was held with the clinical nurse manager and following this meeting, the person in charge accompanied the inspector on a walk around the centre. The inspector observed that there was a relaxed and unhurried atmosphere on the morning of the inspection. Some residents were up and dressed and sitting in the day room while other residents were resting or being assisted with their personal care by staff. During the walk around, it was evident to the inspector that residents and visitors in the centre knew the person in charge well.

St. Martha's Nursing Home is a single storey building, located near Charleville town and is registered to accommodate 36 residents. Accommodation in the centre is in two units, side A and side B, with seven twin rooms and 22 single rooms. Thirteen of the single rooms and two twin rooms had en suite shower and toilet facilities while the remaining rooms had wash hand basin facilities only. The centre also had an assisted bathroom and toilet and two assisted shower and toilet facilities. The inspector saw that there was plenty storage for residents' belongings in the bedrooms and a number of bedrooms were personalised with residents photographs, memorabilia and personal belongings.

The inspector saw that while a number of improvements had been made to the premises since the previous inspection such as painting and removal of worn furniture, some further improvements were required. For example, flooring in two residents bedrooms was worn and required replacement, a bathroom door was worn, a foot rest was worn and required repair. The inspector saw that a light switch in a resident's room was cracked and broken. This was immediately addressed by an electrician on the day of inspection. Other findings in relation to premises are outlined under regulation 17.

Residents had access to two day rooms that were separated by an archway, a dining room and a bright sun room. Communal rooms were nicely decorated and had smart

TVs, home style dressers and lamps that gave the rooms a homely feel. The inspector saw that seating in these rooms were easy to clean and all had intact new pressure relieving cushions in use where needed. The inspector saw that all these rooms were well used on the day of inspection with the majority of residents resting in the day rooms. The centre had a well maintained enclosed outdoor garden with seating and raised beds growing bright flowers and plants. Staff told the inspector that a number of residents enjoyed gardening and were actively involved in the maintenance of the garden. Residents who chose to smoke were seen to freely access the smoking area in the outdoor area from the centre and the required fire safety items such as a fire apron and a fire blanket were seen in this area.

The inspector observed the dining experience at lunch time and at evening tea time. The lunch time and evening tea menu choice were displayed in the dining room. Residents could choose to eat in the dining room, their bedroom or some residents told the inspector they preferred to eat in the day rooms. The dining room was a nice bright large room and tables were decorated with flowers and condiments. The chef served meals from a hot buffet style trolley in the dining room and it was evident to the inspector that the chef was aware of residents likes and dislikes. Sauce boats were placed at each table so that residents could decide themselves if they wanted gravy. The inspector saw that residents were offered a choice at mealtime and meals were nicely presented, looked appetising with adequate portion sizes. The inspector saw that there was a lively banter between staff and residents during the mealtimes. Care staff provided assistance to residents with their meals in a respectful and dignified manner. Residents were complimentary about the food and told inspectors that they had access to snacks throughout the day. In particular residents told the inspector that they loved the home made soup and homemade scones that were prepared in the centre.

The inspector saw that there was a varied schedule of activities available for residents seven days a week. The schedule was displayed in residents' bedrooms and on the notice board in the centre. Activities available included gardening, reminiscence, arts and crafts, bingo, newspaper readings and live music with an external musician. On the day of inspection, the activities co-ordinator was off duty and a care assistant was assigned to ensure activities were facilitated with residents. During the morning some residents watched mass and others participated in a newspaper reading session with the care assistant. In the afternoon, an arts and crafts session was held and the physiotherapist attended who did one to one sessions with a number of residents. Resident told the inspector that they loved the bingo and days out from the centre. One day trip had been held the week before the inspection and eight residents were planning a day trip by bus, to the town's heritage centre the following day. The centre had close links with the community. Mass was celebrated in the centre once a week by a local priest and the inspector saw a bag of treats and chocolate that a member of the community dropped up to the centre once a week for residents to enjoy. The inspector saw that staff provided person-centred care and spent time engaging with residents socially. The inspector saw that many of the staff were local and were heard discussing local events and news from the community with the residents. Residents told inspectors that staff had time to chat with them and were great to them.

Visitors were seen coming and going throughout the day of the inspection. Visitors who spoke with the inspector were very complimentary of the care provided to their relatives in the centre. Visitors and residents were happy with the visiting arrangements and that visits were organised in a safe way. The inspector saw that there was discreet storage units with gloves and aprons throughout the centre to ensure that staff had easy access to personal protective equipment (PPE). Alcohol hand rub dispensers were available throughout the centre. Staff were observed to be wearing FFP2 face masks in line with national guidance.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents described person-centred and compassionate care and told the inspector they were listened to and respected by the staff. Residents were consulted on the running of the centre through resident and family surveys and residents meetings that were held regularly in the centre. It was evident to the inspector from a review of minutes of residents meetings and survey findings that management were responsive to residents views. For example residents fed back that they would like more day trips and more bingo and these had been arranged.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

In general, the inspector found that there were effective management systems in the centre to ensure that residents were provided with good quality care. The management team were proactive in response to issues as they arose and the majority of the actions required from the previous inspection had been implemented. On this inspection, some systems required strengthening to ensure that risks were promptly identified and actioned. This was relevant to systems in place for staffing and premises which are outlined further in this report.

This unannounced inspection was carried out over one day to monitor compliance with the regulations and to follow up on the non compliance identified during the inspection against regulation 27 in February 2022. Following the non compliance identified during the February inspection, there was engagement between the provider and the office of the Chief Inspector. It was evident to the inspector that the provider was responsive and had taken action to address the previous findings. There was a clearly defined management structure in place with identified lines of accountability and responsibility. St. Martha's Nursing Home is a designated centre, registered to accommodate 36 residents, that is owned by Elder Nursing Homes(Charleville) Limited who is the registered provider. Operational management of the centre lies with Complete Healthcare Services which is part of the Mowlam

Group.

A new person in charge had been recently appointed to the centre and was responsible for the day to day management of the centre. The person appointed had the required experience and qualifications to meet the requirement of the regulations. She was supported in her role by a full time clinical nurse manager, a team of nurses, care staff, housekeeping and catering staff and an activities co-ordinator. The person in charge reported through the director of care services who in turn reported to the chief executive officer of the group. There was good support provided to the person in charge in her new role from both the director of care services and a health care manager who were on site in the centre two to three times a week and more regularly by phone. Staff working in the centre were aware of their roles and responsibilities.

The provider had effective systems to monitor the quality and safety of the service through auditing and collection of key performance indicators (KPIs) such as falls, use of restraints, infections, psychotropic medication usage, antimicrobial usage, residents' weights, pressure ulcers, medication errors and complaints for example. This information was monitored by the management team weekly and reviewed and actioned through the centre's governance and management structures such as the monthly quality and safety meeting. Minutes of the monthly quality and safety management meetings included a review of risk with the associated action register. The centre also had recently established an infection prevention and control committee that was led by the director of nursing and actions required to improve compliance with infection control practices were discussed and actioned through this committee.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. It was evident to inspectors that action plans were implemented from findings from these audits to improve practice. From a review of clinical audits, the inspector saw that overall there was good compliance found in recent audits.

The annual review for 2021 of the quality and safety of care delivered to the residents in 2021 had been prepared in consultation with residents and was made available to the inspector.

The provider had increased the housekeeping hours since the previous inspection and the centre was adequately resourced to ensure that good standards of cleanliness were maintained. Cleaning staff on duty told the inspector that they had sufficient time to ensure rooms were cleaned daily and that deep cleaning of residents rooms could be undertaken. The inspector found that there were sufficient staff to meet the assessed needs of residents given the layout and size of the centre during the day, however, night time nursing staffing levels were not adequate. While there were a minimum of two nurses during the day, this reduced to one nurse at night to meet the needs of the 33 residents living in the centre. This is discussed further under regulation 15.

Management in the centre ensured that staff were provided with both face to face

and online training appropriate to their role. Staff confirmed that they had been provided with training to support them in their roles. Uptake of training was monitored by management in the centre. A review of training records indicated that staff were up to date with mandatory training.

Requested records were made available to the inspector and overall, records were well maintained and the provider had a system in place to keep records safe and accessible. On review of a sample of staff files, one employee did not have a written reference from their most recent employer on file as required by the regulations, this is addressed under regulation 21.

The centre's complaints procedure was prominently displayed and accessible to residents and their relatives. There was good oversight of complaints management in the centre. The arrangements for the review of accidents and incidents within the centre were robust. Required notifications were submitted in line with statutory requirements.

Regulation 14: Persons in charge

The person in charge had been recently appointed to the centre and had the necessary experience and qualifications as required in the regulations. She worked full time at the centre. She demonstrated a good knowledge regarding her roles and responsibilities and was actively engaged in the effective governance and operational management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that while the number of nursing staff on duty during daytime hours was appropriate to meet the assessed needs of the 33 residents living in the centre, they were not appropriate during the night given the size and layout of the centre. There were a minimum of two nurses rostered every day as well as the person in charge, however this reduced to one nurse on duty after 8pm. On the day of inspection, 12 residents with maximum dependency care needs and 10 residents with high dependency care needs were living in the centre. One resident was end of life. This meant that after 8pm there was one nurse to care for and administer medications to 33 residents and provide end of life support during the night shift.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. It was evident to the inspector that there was ongoing monitoring of mandatory training in the centre. From a review of training records and speaking with staff, it was evident that staff were up to date with mandatory training. The inspector saw that one member of the housekeeping team had completed a recognised training course on cleaning and decontamination and three further housekeeping staff were scheduled to complete this programme in June 2022.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of three staff files. While two references were available for a recently recruited member of staff, they did not include a reference from the person's most recent employer as required in the Schedule 2 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

- There were insufficient resources to meet the nursing care needs of residents at night as outlined under regulation 15.
- While overall there were a number of effective management systems in place, further systems were required to ensure oversight by the management team of issues pertinent to the premises as outlined under Regulation: 17.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

From a review of a sample of residents' records, it was evident to the inspector that residents had a contract of care which detailed the fees to be charged and fees for

any additional services that the resident may require.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's records of accidents and incidents. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and included the outcome and any areas for improvement identified.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life in St. Martha's Nursing home where management and staff promoted residents' rights. There was evidence of residents needs were being met through good access to health care services and opportunities for social engagement. However, the inspector found that action was required in relation to the premises to ensure residents' dignity and privacy were promoted at all times.

Care planning was person centred and residents' needs were assessed using validated tools to inform care plans. Residents' health care needs were promoted through access to local general practitioner(GP) services. The centre employed a physiotherapist who was on site once a week to provide care and assessments to residents. Access to other health and social care professionals such as a dietitian, speech and language therapist and podiatrist was available to residents who required these services. On the day of inspection, a speech and language therapist and a physiotherapist were on site assessing residents who required it.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector saw that residents were provided with a choice of nutritious meals at mealtimes. Meal appeared varied and wholesome. Food was seen to be served in an appetising way. Residents were complimentary about the meals provided.

In general, residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Resident meetings were held regularly and there was a good level of attendance by residents. Issues identified during these meetings were actioned by management in the centre. Visiting was facilitated in the centre in line with national guidance.

The inspector saw that a number of refurbishments and improvements had been made to the premises since the previous inspection. Flooring had been replaced in a number of rooms, new pressure relieving cushions had been purchased. The centre had been de-cluttered to improve the storage facilities in the centre. A deep clean had been undertaken of the centre including the utility rooms and housekeeping room. However the inspector saw that some action was still required in relation to the premises as discussed under regulation 17.

The inspector saw that the centre was clean and there were sufficient staff on duty to ensure that rooms could be cleaned daily and that rooms were deep cleaned regularly. Alcohol hand dispensers and hand hygiene signage had been replaced. The inspector saw that management systems for infection control had been enhanced since the last inspection. An outbreak report had been prepared following the COVID-19 outbreak and lessons learned were used to update the centre's contingency plan. Infection prevention and control audits were completed and action plans implemented to address any findings. The inspector saw that in general equipment in use in the centre was clean.

The risk management policy included the regulatory, specified risks and a risk register was in place which included assessment of risks, such as risks related to residents' care and the controls in place to minimise risks of falls or absconsion. Fire fighting equipment was located throughout the building. Emergency exits were displayed and free of obstruction. Fire safety systems were supported by a fire safety policy. The fire safety alarm and extinguishers were serviced when required and records were available for inspection.

Regulation 11: Visits

Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. The inspectors saw and met a number of visitors coming and going to the centre during the inspection. Visiting was facilitated in line with the most recent national guidance.

Judgment: Compliant

Regulation 13: End of life

The inspector saw that residents' end of life care assessments and care plans were reviewed on an ongoing basis and updated as required. These included consultation with the residents and where appropriate family members. The inspector saw that appropriate assessment, care and comfort which addressed the spiritual needs of residents was provided. However, as outlined under regulation 15, night time staffing levels required review.

Judgment: Compliant

Regulation 17: Premises

The inspector found that a number of the issues in relation to premises identified in the previous inspection had been addressed. The inspector observed the following issues in relation to premises, that did not conform to the matters outlined in Schedule 6 of the regulation, which impacted on the dignity and safety of residents:

- privacy curtains in one of the twin rooms did not ensure residents' privacy and dignity was promoted at all times as they did not completely enclose the residents personal space when closed
- a number of doors in the centre were worn and damaged
- a light switch in one resident's room was broken and was a risk to staff and the resident- this was immediately addressed on the day of inspection by an electrician
- the leg rest of a grab rail in one resident's bathroom was rusted and required replacement
- a chest of drawers in one resident's bedroom was broken and required repair
- grouting in a number of residents' showers was worn and stained and required action
- a footrest in a resident's room was torn and required repair
- while a lot of flooring had been replaced in the centre, flooring in two bedrooms was torn and or stained and required replacement
- staining surrounding one toilet in a resident's bathroom suggested it might

have a leak.
Judgment: Not compliant
Regulation 18: Food and nutrition
Residents' needs in relation to nutrition were well met and regular nutritional assessments were in place in accordance with the residents' care plans. The inspector saw residents were offered a choice at lunch and the evening meal times. There were plenty snacks and drinks provided to residents during the day. Residents were all very complimentary about the food and choices available, including modified diets. Assistance was offered in a discreet and dignified manner where required.
Judgment: Compliant
Regulation 26: Risk management
Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks, including those specified in regulation 26.
Judgment: Compliant
Regulation 27: Infection control
In general, the inspector saw that the majority of the risks and issues identified in relation to infection control had been addressed since the last inspection, the following issues required action: <ul style="list-style-type: none"> • the inspector saw that while the environment and equipment was generally clean, one hoist was not clean, this was immediately cleaned by staff • shared clinical equipment such as that used for monitoring residents vital signs was not consistently cleaned between use.
Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector saw that appropriate systems were in place for the maintenance of the fire detection and alarm system and emergency lighting. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded. A review of fire doors in the centre had been undertaken by the provider. Residents had personal emergency evacuation plans (PEEPs) on file and displayed in their rooms and these were updated regularly.

A number of fire drills were conducted indicating that staff were assessed for response time, team work, efficiency and knowledge. Systems were supported by a fire safety policy. Fire evacuation drills were carried out of the largest compartments in the centre with minimum staffing levels regularly in the centre. Emergency exits were displayed and free of obstruction and clear directional signage was available at various locations throughout the building.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

It was evident from a review of a sample of care plans, that the standard of care planning was good and described person-centred interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls.

Judgment: Compliant

Regulation 6: Health care

There was a good standard of evidence based health care provided in the centre. General practitioners attended the centre as required to assess and treat residents with medical needs. There was evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist and podiatry. A physiotherapist was onsite one day a week to provide assessment and treatment to residents who required it. The inspector saw that a speech and language therapist and a physiotherapist were attending the centre on the day of inspection to provide assessments to residents who required them. Residents were facilitated to attend medical appointments as required in acute services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. There was low usage of bedrails and other physical restraints in the centre and there was evidence of alternatives to restraint such as low-low beds, observation, sensor alarms in use in accordance with best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. All allegations of abuse were reported to the chief inspector and actioned and investigated as required. The provider acted as pension agent for five residents. The inspector saw that there were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as chiropody and hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted in the centre. A member of staff was assigned to assist residents engage with social activities on a daily basis. Residents were supported to engage in activities that considered their interests and capabilities. Residents had access to radios, telephones, television and local newspapers. Notice boards in the centre prominently displayed details of available advocacy services. Mass was celebrated in the centre once a week. A number of residents told the inspector that they enjoyed the day trips organised in the centre and were looking forward to a planned day trip by bus to the local heritage festival on the day following the inspection. Residents could access their own devices in their bedrooms using the centre's wi-fi.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Martha's Nursing Home OSV-0000291

Inspection ID: MON-0036179

Date of inspection: 17/05/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) is supported by a regional Healthcare Manager (HCM) who visits the home regularly and, along with the Director of Care Services, will review staffing and monitor overall regulatory compliance. • The Person in Charge (PIC) will produce and monitor the staff roster at least 2 weeks in advance, always ensuring that a suitable number and skill-mix of staff are deployed, whose duties are allocated appropriately; that there is always a suitable ratio of clinical staff to residents to enable all care needs to be safely and effectively met; and that effective supervision, support and cohesive teamworking are integral to the culture of the nursing home. • Staffing within the home is carefully and consistently monitored to ensure that there are always enough suitably qualified staff available to meet each resident's assessed care needs. • We will maintain the ongoing staff recruitment programme. Since the inspection a nurse has been recruited for the centre. • The PIC will ensure that the staffing numbers in post are accurately reflected in the Statement of Purpose. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • To bring the home into compliance with Regulation 21, the PIC has conducted a review of all staff files and all employee references are in place. The PIC will ensure that all personnel files contain all the required information in accordance with Schedule 2 of the Health Act, and they will be available for inspection by the Authority. 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC will continue to receive support from the regional Healthcare Manager and Director of Care Services. The HCM visits the home very regularly and is available for advice, discussion, and consultation at all times. • The PIC will ensure that a suitable number and skill-mix of appropriately qualified staff are always available to ensure all care needs of the residents are safely and effectively met. • The PIC will continue to produce the staffing roster in advance and will ensure that there are appropriate deputising arrangements for the PIC and that all clinical and ancillary staff are appropriately deployed, in accordance with their qualifications, skills and experience levels. All members of the nursing home management team can be contacted out of hours if required, and staff on duty are aware of all contact details. • The PIC will monitor progress with the scheduled programme of works and will ensure that they are completed within the agreed timeline. • Regular checks will be conducted by the PIC and Maintenance Person to ensure that all required day to day repairs and maintenance duties have been carried out. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Since the inspection, the privacy curtains in twin rooms have been reviewed and they are fully functioning to ensure that the privacy and dignity of residents are protected at all times. • All doors in the centre that were damaged will be repaired by the end of June 2022. • A light switch that was broken was immediately removed and replaced on the day of inspection by an electrician. • A chest of drawers in one resident's bedroom that was damaged has been replaced with a new chest of drawers. • The grouting in the residents' that is worn and stained will be addressed by the end of June 2022. • A footrest in a resident's room which was torn has now been replaced. • Work has commenced on repairing and replacing areas of damaged or worn flooring, and this will be completed by the end of June 2022. • The staining surrounding one toilet in a resident's bathroom suggested it might have a leak and the toilet has been repaired and the flooring replaced. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">• To come into compliance with regulation 27, the PIC has introduced a staff have completed a schedule for cleaning equipment. Rist has been reved from the hoist and this will be spray painted.• All shared equipment including pulse oximeter and blood pressure monitor are cleaned after each use, signed as completed by the staff member. PIC will monitor compliance by conducting regular spot checks.	

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.	Not Compliant	Orange	31/07/2022
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.	Not Compliant	Orange	31/07/2022
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	Substantially Compliant	Yellow	30/06/2022

	and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/07/2022
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	31/07/2022
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	30/06/2022