



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

## Issued by the Chief Inspector

Name of designated centre:	Sancta Maria Nursing Home
Name of provider:	Ronnach Teoranta
Address of centre:	Parke, Kinnegad, Meath
Type of inspection:	Unannounced
Date of inspection:	04 October 2021
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0033535

## About the designated centre

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

Accommodation is provided for a maximum of 71 residents over 18 years of age in a recently extended single-storey premises in a rural location. There are 2 twin rooms and 67 single rooms (55 with en-suite facilities). Residents are admitted on a long-term residential, respite, convalescence, dementia and palliative care basis. Care is provided for residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that the centre's ethos is to provide individualised care, encouraging and fostering a caring atmosphere. The centre's statement of purpose states that the main objective of the service is to ensure the continued delivery of high-quality and consistent person-centred care to all residents.

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

Number of residents on the date of inspection:	54
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 4 October 2021	08:20hrs to 17:00hrs	Helena Budzicz	Lead
Monday 4 October 2021	08:20hrs to 17:00hrs	Manuela Cristea	Support

## What residents told us and what inspectors observed

The inspectors spoke with several residents throughout the day, and the feedback was unanimous that they were satisfied with the care received in the centre and that the staff were attentive and kind. Some residents in the Main House unit said that sometimes, they had to wait a long time for their call bells to be answered, and this was also observed by inspectors on the day. The feedback from the three different visitors met on inspection was also positive; however, some of them mentioned that upgrading of paint and refurbishing of some areas would be desirable. One visitor expressed great satisfaction with the communication with the centre and said that they really appreciated how staff rang them whenever there was a change in resident's condition, and they were quick to address any problems. Two visitors mentioned that on occasions, residents' items went missing, but they were eventually found.

The designated centre is divided into two units. The Main House unit is the newer part of the building, which was bright and airy and with large communal areas, spacious bedrooms and wide corridors. The Memory Care unit was the older part of the centre, with narrow corridors and smaller bedroom sizes. Residents were encouraged to personalise their rooms, and many had photographs and other personal belongings in their bedrooms. However, inspectors observed that in two bedrooms in the Memory care unit, personal storage space was limited. Call bells were accessible in all bedrooms.

While a plan to refurbish the Memory Care unit was in place, inspectors observed that more attention was needed to the cleanliness of the environment, equipment and the overall condition of the equipment. For example, inspectors observed that residents were being served drinks in tumbler glasses that were visibly old and stained with scratches and markings on the surface; beds were made with clean linen that looked old and creased, and in one of the ready-made bedrooms that were ready to admit new residents, the blanket over the bed was observed to be torn. The overall presentation, standard and experience were one of poor quality, and the environment was not conducive to a pleasant, clean and inviting experience to support a high quality of life for the residents living there.

A colourful daily activity schedule was available and provided residents with a choice between two different activities at various times during the day. For example, on the day of the inspection, there was newspaper reading or listening to radio from 9 am to 10.30 am, attending hairdresser or crafting autumnal decorations between 10.30 am-12.00 pm, walking club or relaxing music before lunch and ballgames or jigsaws from 2.30 pm. The inspectors observed residents actively engaged in those activities throughout the day and staff assisting residents for walks. Access to the outdoor space and the smoking area was unrestricted, and residents were observed mobilising freely around the centre. In the Memory Care unit, residents were observed watching a concert of traditional Irish music which they were clearly enjoying. Other residents were engaged in doll therapy or observed drawing, sorting

cards and folding blankets. One-to-one activities as well as Imagination Gym and Sonas therapy (a programme of therapeutic activity, especially for people with dementia) were also provided.

One inspector based themselves in the Memory Care unit (where people with dementia and other forms of cognitive impairment were accommodated) and spent time observing what the day was like for the residents living there. The inspectors also spoke with more than seven residents, and those who could voice their opinion said they felt safe. Other residents, who could not verbalise their opinion, were observed to be relaxed and comfortable and displayed body language associated with feeling safe.

Inspectors observed call bells ringing for prolonged periods of time in the Main House unit. Bells rang for five to seven minutes before they were answered. The inspector grew concerned about the prolonged ringing of a bell, and after five minutes, asked a staff member to answer the call bell.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspectors found that appropriate resources were not in place to ensure residents enjoyed a dignified living environment that supported a good quality of life and a pleasant experience. An immediate action plan was issued on the day of inspection to replace the visibly stained and old glassware used for the residents in the Memory Care unit.

This unannounced risk inspection was undertaken in response to the receipt of information by the Chief Inspector of Social Services from a number of sources in respect of residents' rights, the quality of care, including care planning and healthcare, infection prevention and control measures, health and safety, and complaints handling. Since the last inspection in March 2020, there have been seven instances of unsolicited information received. The findings of the inspection show that some of these concerns received were substantiated by the inspectors on the day. The registered provider and the owner of the designated centre are Ronnach Teoranta. The organisational structure comprised of the registered provider, a person in charge, an assistant person in charge (ADON), one clinical nurse manager (CNM) and senior staff nurses. The inspectors were informed of upcoming changes in respect of the management team and that the provider was actively recruiting to ensure continuity of leadership and service oversight. A regional manager attended the centre every week and was actively involved in supporting the service. There was evidence of detailed management meetings at the centre, where pertinent clinical and operational issues were discussed.

A schedule of audits was in place to monitor various aspects of the service. The audits identified some deficits and areas for improvement. However, the inspectors found that the oversight of a number of key areas was not adequate. This is addressed under Regulation 23: Governance and management.

Inspectors reviewed a sample of staff records to ensure that each record reviewed met the requirements of Schedule 2 and Schedule 4 (8) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). There was an induction programme in place which all new staff were required to complete. There was also evidence of active registration with the Nursing and Midwifery Board of Ireland (NMBI) seen in nursing staff records viewed. However, improvements were needed in the collection and verification of references as evidenced under Regulation 21: Records.

Staff had access to an extensive list of mandatory and supplementary training, which included infection control, safeguarding vulnerable adults, patient moving and handling, fire training, health and safety awareness, medication management, dementia care and human rights. Nonetheless, some staff training were not up-to-date, and increased supervision and oversight of staff practices was required, as evidenced in the findings throughout this report.

There was an annual review for 2020 available and this provided evidence of consultation with residents and their families. A resident satisfaction survey had been completed and detailed residents satisfaction with the service provided.

There was a complaints policy in place which met the requirements of the regulations. The centre had a number of open complaints that they were reviewing in line with their complaints procedure.

Overall, this inspection found that there was a requirement for increased oversight and monitoring of the service by the registered provider and the person in charge to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

## Regulation 15: Staffing

The number and skill-mix of staff was not appropriate considering the needs of the residents and the size and layout of the designated centre, leading to delays in care delivery. This was evidenced by:

- Call bells were left ringing for longer than five minutes. This was particularly evident in the Main Unit.
- Contingency planning for care staff required a review as short term absences were not replaced. For example, staff and residents told inspectors that if staff rang in sick at night, a substitute was not always put in place. This was also confirmed by a review of recent rosters, which showed that on some nights there was only one nurse and one healthcare assistant providing care

for the residents in the main unit.

- The centre did not have appropriately allocated household hours given the size and spread layout of the centre and as evidenced by the findings of the inspection. The cleaning staff on duty were rostered only till 2.30 pm in the Memory Care unit and 4.30 pm in the Main House unit and this did not ensure that the premises were cleaned to the required standard.

Judgment: Not compliant

## Regulation 16: Training and staff development

Inspectors reviewed the training matrix presented to them on the day of the inspection and found gaps in the completion of training for dementia and responsive behaviours, infection control training, manual handling training and fire training. The management had identified this, and training was booked.

Supervision of staff at the weekend required review as there was no management personnel rostered to supervise staff on alternate weekends. The senior staff nurse rostered had to work as a staff nurse on duty.

In addition, the household staff supervision was required to be strengthened to ensure that an appropriate level of cleanliness was maintained across the centre.

Judgment: Substantially compliant

## Regulation 21: Records

Inspectors reviewed a sample of four staff files and found that one reference from the previous employer was missing in the case of one staff member. The other reference was the confirmation of the previous employment. Therefore there was no appropriate written reference on file for the staff member, which does not align with the centre's recruitment practices and does not meet the requirements of Schedule 2.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Appropriate resources were not in place to ensure all equipment was fit for purpose and to provide a high standard of quality service 'to enhance the quality of life for



older people ', as stated in the centre's statement of purpose.

Although a number of audits were completed in the centre, there was a lack of evidence that ongoing quality improvement strategies and monitoring of the services provided through a schedule of clinical and environmental audits were continuously implemented in response to identified shortcomings. The inspectors found that recurrent findings identified in the monthly auditing system were not timely and effectively actioned and monitored to drive and sustain improvement. Similarly, this was also evident in the large number of complaints received. While each individual complaint was appropriately followed up in line with local policy, management's response was reactionary and in a piecemeal fashion. Trending of all complaints, identified learning and realistic action plans with an appropriate follow up were needed to ensure this was a responsive and proactive service that worked towards continuous quality improvement. Furthermore, the oversight of the fire safety management of the centre required a review as identified under Regulation 28: Fire precautions.

The contingency plan for staffing and management deputising arrangements in the centre required review to ensure that staff were available for unplanned absences in the event of any future outbreak of COVID-19 in the centre.

Judgment: Not compliant

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

Inspectors reviewed a sample of four contracts of care and were satisfied that overall, they met the regulatory requirements and included the fees and services to be provided. They had been signed by the resident themselves where possible and clearly indicated the bedroom number and the number of occupants in that bedroom.

Judgment: Compliant

#### Regulation 31: Notification of incidents

All incidents had been reported in writing to the Chief Inspector, as required under the regulation within the required time period.

Judgment: Compliant

#### Regulation 34: Complaints procedure

A complaints policy and procedure was in place which met the regulatory requirements and was displayed in a prominent location in the designated centre. The centre received a very large number of complaints with more than 200 recorded in the last year. Inspectors reviewed the complaint log and found that all complaints were investigated, and the satisfaction of the complainant was recorded. However, as identified under Regulation 23, further trending of complaints was required.

Judgment: Compliant

## Quality and safety

Despite the positive lived experience as reported by the residents who communicated with the inspectors, significant improvements were required to ensure a high quality, safe and consistent service was provided to the residents living there. The standards of cleanliness and the infection prevention and control processes observed in the centre did not assure the inspectors that there was effective oversight and leadership to provide a high standard of quality care as described in the designated centre's statement of purpose. Although no immediate risks to safety were identified on the day of inspection, significant focus and enhanced clinical oversight were required to bring the centre into regulatory compliance.

The inspectors found that residents' rights for choice, autonomy and self-determination were supported and that their rights to privacy and dignity were upheld on the day of inspection. Information was available to residents, and access to advocacy services were available. Inspectors observed residents engaged in various activities throughout the day, and appropriate stimulation and meaningful engagement were provided. However, records of residents' participation in daily activities were not maintained, and significant gaps were identified in residents' care records, which did not allow for a full appraisal of residents' daily life in the centre. Nevertheless, based on observation and feedback from residents themselves both in communication with the inspectors and the completed satisfaction surveys, the inspector was satisfied that the activities programme available to residents met their individually assessed needs. A second social care practitioner was due to start the following week, which would further strengthen the activities programme available to the residents.

The inspectors reviewed a sample of care records and found that while they were person centred, significant improvements were required to ensure that where a care need was identified, appropriate plans were put in place to meet that need. Food and fluid intake charts were maintained for residents at risk of malnutrition and dehydration, location charts for residents at risk of wandering and turning charts for those at risk of pressure sores were in place.

Residents had access to a general practitioner of choice who reviewed the residents at regular intervals or whenever there were changes in their condition.

The out-of-hours medical cover was also available. Residents also had access to a variety of healthcare professionals as required, including occupational therapy, speech and language therapy, dietetics, tissue viability nurse, optician, chiropody, to name a few. A physiotherapist was visiting the centre up to four times per week and provided group exercises as well as individualised assessment and support. Nevertheless, improvements were required to ensure residents received a high standard of evidence-based nursing and that their needs were appropriately and timely assessed and met.

At the time of inspection, the provider was still in the process of addressing premises issues identified on the last inspection, which were due for completion by the end of the year. While a maintenance programme was in place, the inspectors observed that further attention to the overall standard of cleanliness was needed as detailed under Regulation 27: Infection Control. The inspectors acknowledged that there had been some progress towards enhancing the infection prevention and control practices in the centre; however, this was not sufficient to bring the centre into compliance. A housekeeping supervisor and an infection prevention and control lead had been identified. 100% of staff and all residents who wished to be vaccinated had received the two doses to protect them from COVID-19. Clinical hand-wash sinks and alcohol hand gels were readily available, and visitors' protocol was in place to ensure temperature checks were completed prior to entering the building.

### Regulation 11: Visits

Visits to the centre were operating in line with current (Health Protection Surveillance Centre, COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs)). Inspectors observed visitors arriving throughout the day and they were guided through the centre's infection control procedures.

Judgment: Compliant

### Regulation 12: Personal possessions

Although a property list was initiated on admission, a review of laundry systems were required. The system for personal labelling items was not effective at ensuring that personal possessions were appropriately managed, as reported by residents and visitors.

Additionally, there was insufficient storage for personal possessions in twin rooms

33 and 34.

Inspectors noted that a number of keys from the resident's lockable cabinets in the bedrooms in the Main House unit were missing.

Judgment: Substantially compliant

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

From a sample of recent admissions and discharges, the inspectors were assured that appropriate information was communicated to ensure a safe and effective transfer of the residents. This information included a referral letter, a nursing transfer letter that listed residents' medical history, specific needs and latest observations and a copy of the medical prescriptions. Discharge letters were present in residents' medical charts upon returning to the nursing home.

Judgment: Compliant

### Regulation 27: Infection control

Improvements were required as follows:

- Effective systems were not in place to ensure regular effective cleaning of the premises; despite cleaning schedules being completed, the inspectors observed several areas and bedrooms that were not clean to an appropriate standard.
- A review of storage practices to ensure appropriate segregation of clean and dirty items was consistently applied and that clean equipment was labelled as ready for use. For example, the inspectors observed clean items such as testing kits inappropriately stored on the floor in one of the store rooms.
- The systems for cleaning and decontaminating the equipment required full review. The inspectors observed unclean equipment such as residents' wheelchairs, oxygen concentrators, blood pressure machines, specimen fridge, mattresses.
- Not all surfaces and finishings supported effective cleaning and disinfection practices; for example, some of the items observed were rusty, torn or covered in a textile material that could not be effectively cleaned.
- Waste management practices were not safe; the clinical waste bin was not locked; a number of waste bins in the centre were observed to be broken and not used in a safe and appropriate manner. The sharps and clinical waste bins were not signed and dated for contact tracing purposes.

Judgment: Not compliant

### Regulation 28: Fire precautions

Oxygen storage outside the building required an immediate improvement as the oxygen cylinders were stored uncovered in an open security cage with the oxygen flowmeter attached to an oxygen cylinder. There was no checklist available to identify empty or full cylinders. This was addressed on the day of the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

From the sample of care records reviewed the inspectors were not assured that care plans were always initiated within 48 hours of admission. Furthermore, where a need was identified, it did not immediately prompt the initiation of a care plan. For example, there was no mobility or fall prevention care plan in place for a resident identified at risk of falling and having sustained two falls since the arrival in the centre.

In addition, care plans required to be streamlined to ensure they only include up-to-date, relevant information in respect of residents' current condition. This would ensure that care plans provided effective guidance to staff on residents' assessed needs. For example, in respect of food and fluid requirements, two of the care plans reviewed were difficult to navigate and understand as they listed historical information of previously assessed needs. The most up-to-date specialist recommendation was added as the very last point in the care plan, which posed a risk that residents would not receive the correct diet or fluid in line with their assessed needs.

Judgment: Not compliant

### Regulation 6: Health care

The inspectors observed gaps in the care records and care provided and were not assured that a high standard of evidence-based nursing care was consistently provided. For example, no MUST (Malnutrition Universal Screening Tool) assessment had been completed for a recent admission to the centre despite the resident having a diagnosis of diabetes and requiring a modified diet as per the specialist therapist's recommendations. In addition, the inspectors found there were delays in implementing the treatment and care interventions recommended by specialist

professionals reviewing the resident, which could have negatively impacted the resident's welfare.

There were gaps in residents' care records in respect of assistance with personal care needs and showers, especially for those residents who were self-caring. This did not ensure that residents' skin condition was regularly evaluated to support a high standard of nursing care.

While social care plans were in place and included person-centred details about residents' likes and preferences, residents' daily engagement and participation was inconsistently recorded to evidence whether those residents' assessed needs were met. For example, the last activity participation record for one resident was dated July 2021.

Judgment: Not compliant

### Regulation 8: Protection

Staff were knowledgeable about the different types of abuse that could occur in designated centres and were clear about their responsibility to report any concerns. An Garda Síochána (police) vetting was in place for all staff and persons who provided services to residents in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had access to information through radio, television and internet. They were actively supported to use telephones and video calls to keep in contact with friends and families, particularly when the visiting restrictions were in place. Religious services were provided on a weekly basis having resumed following the easing of restrictions imposed by the pandemic.

Staff knew the residents well, and care and services were person-centred. Residents' privacy and dignity were maintained.

There was one activity coordinator working full-time in the centre and who provided one-to-one as well as small group activities for the residents. A second social care practitioner was due to commence later that week. Residents reported a high level of satisfaction with the opportunities and facilities for activities provided in the centre.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	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	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	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	Compliant



# Compliance Plan for Sancta Maria Nursing Home OSV-0004589

Inspection ID: MON-0033535

Date of inspection: 04/10/2021

## 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:            The Person in Charge (PIC), supported by an Assistant Director of Nursing (ADON) and Clinical Nurse Manager (CNM), 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.</p> <p>The ADON and CNM will supervise workflow and care practices to ensure that staff are facilitated to provide high quality, safe and effective care to all the residents.</p> <p>If s staff member is unavailable for work, e.g., due to illness, the PIC or designated deputy will review the roster to arrange cover if possible. If it is not possible to arrange cover from within existing staff, an agency staff member will be booked to provide cover.</p> <p>A monthly call bell audit will be completed, and results will be discussed at monthly management meetings to ensure that staff remain vigilant in responding promptly to call bells.</p> <p>A comprehensive review of housekeeping rosters has been undertaken and additional hours have been allocated to Memory Care Centre to maintain high standards of cleanliness throughout the centre.</p>	
Regulation 16: Training and staff development	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training and education on dementia care, responsive behaviours, infection control and prevention, manual handling and fire safety have been completed and the personnel files and staff training matrix have been updated to reflect the training courses completed.</p> <p>The PIC will ensure that</p> <ul style="list-style-type: none"> <li>• A member of the management team will always be rostered at weekends to ensure the consistent delivery of person-centred care.</li> <li>• The rostered management personnel at weekends will complete rounds to ensure care and housekeeping standards are compliant with expected standards.</li> <li>• The Housekeeping Supervisor has supernumerary hours available each day to facilitate the supervision of cleaning practices and standards throughout the home.</li> </ul>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The PIC will undertake a review of personnel files to ensure that all Schedule 2 requirements are met.</p> <p>For all newly appointed staff, the PIC will ensure that all records for personnel files are in place in accordance with Schedule 2 requirements prior to commencement of employment in the Nursing Home.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• A review of equipment will be undertaken to ensure that all equipment provided is fit for purpose to facilitate the provision of a high standard of care and service to enhance the quality of life for all residents in the nursing home, in accordance with the Statement of Purpose.</li> <li>• The Healthcare Manager attends the home on a weekly basis and will ensure that audits have been completed according to the schedule, and that identified actions for improvement are based on specific deficits or non-compliances, and that these actions</li> </ul>	

are reviewed regularly to ensure that they have been addressed satisfactorily.

- There is a monthly management team meeting in the home which reviews all operational aspects of the home, including key performance indicators, risk management, audits and progress on identified actions and updates on quality improvement initiatives.
- The PIC and management team will promote a culture of openness and transparency, including encouraging feedback from residents and relatives, whether positive or negative. They will meet with residents and relatives and actively seek feedback, comments and suggestions.
- A satisfaction survey questionnaire will be introduced, initially for all short-stay residents. Residents will be encouraged to complete the survey at the mid-point of their stay so that any issues and concerns can be addressed and resolved prior to discharge.
- All staff are encouraged to report and record all concerns and complaints at the earliest convenience, so that they can be resolved at a local level where possible.
- The PIC will be supported by senior management to investigate all complaints thoroughly, to provide a comprehensive response and ensure that complainants are satisfied that all aspects of their complaint were addressed.
- We will review all complaints and concerns received, identify any trends or patterns and implement a quality improvement plan to resolve these issues. The outcomes will be discussed at the monthly Management meeting.
- The PIC will over see the fire safety management of the nursing homes in accordance with regulatory requirements and will be assisted by the Healthcare Manager (Quality & Safety) who will undertake a fire safety self-assessment report. The PIC will provide a robust response to this report and ensure ongoing compliance.
- The PIC will review and update the IPC Contingency Plan to ensure that it clearly outlines plans for staff replacement and management deputising arrangements in the event of any future outbreak of Covid-19.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- A review of the laundry service will be undertaken, and we will ensure that as part of the admission process, all residents clothes are labelled. Residents and their families will be encouraged to notify the named nurse or carer when any added items of clothing are brought to the home so that they can be labelled at the earliest opportunity.
- The laundry assistant will be responsible for checking that all clothes are labelled and will bring any unlabelled items of clothing to the attention of the nurses in charge.
- We will undertake a review of both rooms identified at the time of inspection where there was insufficient storage space and will provide additional appropriate storage space.
- The PIC will conduct a review of all lockable cabinets in the nursing home and will ensure that there is a key available for every cabinet.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The PIC will:</p> <ul style="list-style-type: none"> <li>• Provide a copy of the Housekeeping Manual to the Housekeeping team and ensure that they understand the contents in relation to the appropriate cleaning practices, protocols and techniques, e.g., the correct use of the colour-coding system for cleaning and disinfection.</li> <li>• Ensure that the Housekeeping Supervisor utilises the supernumerary hours available to oversee the standards of cleaning in the home and to provide instruction to housekeeping staff as required.</li> <li>• Develop and implement a quality improvement plan to address any identified deficits.</li> <li>• Facilitate safe cleaning practices and procedures for housekeeping staff.</li> <li>• Conduct a review of storage practices in the nursing home and ensure there is no inappropriate storage in any area.</li> <li>• Ensure that there is a system in place for cleaning and decontamination of equipment, including clinical equipment. Care assistants will be instructed on how to clean and decontaminate clinical equipment and a clinical equipment cleaning schedule will be introduced.</li> <li>• Ensure that all clean equipment is appropriately labelled.</li> <li>• Remove any items that are no longer fit for purpose and replace.</li> <li>• Monitor the sharps and clinical waste bins and ensure that they are fit for purpose, labelled with required information, and lockable.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• We will ensure that oxygen cylinders are appropriately stored in accordance with safety guidelines.</li> <li>• Oxygen storage cage will be checked by Maintenance Person who will regularly check to ensure that it is always locked.</li> </ul>	
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:  The PIC will:</p> <ul style="list-style-type: none"> <li>• Ensure that each resident is assessed on admission and that a care plan is prepared within 48 hours of admission to the home.</li> <li>• Complete a weekly audit of clinical documentation to ensure that each resident's required care needs are addressed, that the care plan guides the delivery of care and that the care delivered is reviewed and evaluated appropriately and is in accordance with the resident's expressed preferences.</li> <li>• Ensure that findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings.</li> <li>• Ensure that any changes or developments in the resident's condition or plan of care will be updated as they occur.</li> </ul>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  The PIC will ensure that:</p> <ul style="list-style-type: none"> <li>• The nutritional status of all residents is assessed using the MUST tool, and a care plan is developed if the resident requires care, assistance, modified diet or supplements, weekly weights, dysphagia, and/or referral to the dietitian and/or Speech &amp; Language Therapist if indicated.</li> <li>• The individual choices and preferences of residents are reflected in their care plans, and they are always offered a choice of meals at every mealtime.</li> <li>• All staff are educated and guided in ensuring that residents who require assisted with meals are helped in a manner that is dignified and respectful.</li> <li>• All residents care records will be accessible on the Touch Screen, including care information for those residents that are self-caring.</li> <li>• Information will include evaluation of resident's skin integrity, and this will be monitored by ADON/CNM.</li> <li>• Will review and update care plans to ensure that residents' likes/preferences are documented and that their assessed needs are met.</li> </ul>	



## 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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/12/2021
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	31/01/2022



	and other personal possessions.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/12/2021
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	Not Compliant	Orange	31/12/2021

	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	31/12/2021
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.	Not Compliant	Orange	31/01/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/12/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have	Not Compliant	Orange	31/12/2021

	been assessed in accordance with paragraph (2).			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	31/12/2021
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.	Not Compliant	Orange	31/01/2022
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	31/01/2022

	guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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