



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

Issued by the Chief Inspector

Name of designated centre:	Mount Tabor Nursing Home and Care Centre
Name of provider:	Dublin Central Mission Designated Activity Company
Address of centre:	Mount Tabor, Sandymount Green, Sandymount, Dublin 4
Type of inspection:	Announced
Date of inspection:	27 September 2023
Centre ID:	OSV-0000071
Fieldwork ID:	MON-0031832

About the designated centre

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

Mount Tabor Nursing Home and Care Centre is a purpose built nursing home, which was completed in 1998. It is situated in Sandymount Green on the grounds of the Methodist church. It is in a tranquil setting, with the amenities of Sandymount village close by. The registered provider is Dublin Central Mission Designated Activity Company (DCM DAC) and is both a limited company and a registered charity. Mount Tabor accepts residents regardless of their denominational background. The centre provides full-time nursing care and has access to the specialist services of the nearby hospitals and hospice services. Mount Tabor can accommodate 46 male and female residents, across two floors. The ground floor consists of the Gilford area, for 14 residents; and the Martello area, for 17 residents. The first floor is called Seafort, and can accommodate 15 residents. There is a pleasant central courtyard garden, and several lounges throughout the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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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
Wednesday 27 September 2023	10:00hrs to 17:30hrs	John Greaney	Lead
Thursday 28 September 2023	09:30hrs to 09:30hrs	John Greaney	Lead
Wednesday 27 September 2023	10:00hrs to 17:30hrs	Aisling Coffey	Support
Thursday 28 September 2023	09:30hrs to 18:00hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

Overall, inspectors found that residents' rights and choices were respected and promoted by kind and caring staff. The inspectors met with many of the 42 residents living in the centre over the course of the two days of the inspection and spoke with some residents in more detail regarding their experiences of living in the centre. The inspectors also met with some visitors and relatives who were visiting residents in the centre on the days of inspection. The feedback from both residents and relatives was overwhelmingly positive, confirming to inspectors that Mount Tabor was a nice place to live. Staff and management were responsive to residents' needs and requests for assistance. Residents were familiar with the new person in charge and jovial interactions were observed between the person in charge and residents. The inspectors observed that some improvements were required to enhance the the quality and safety of the service and these will be discussed under the relevant regulations of this report.

Inspectors arrived for a two-day announced inspection. Following an opening meeting with the person in charge, the inspectors were given a tour of the premises by the person in charge and services manager.

Mount Tabor Nursing Home and Care Centre is a two-storey premises comprising 40 single en-suite and three twin en-suite bedrooms. The centre first opened in 1998 and is located close to the village of Sandymount, Dublin 4 on the grounds of the Methodist church. Mount Tabor accepts residents regardless of their religious denomination. The centre is close to shops, cafés and a range of other amenities.

The centre is divided into three distinct areas. Gilford is on the ground floor and can accommodate fourteen residents in ten single and two twin rooms, all of which are en suite with shower, toilet and wash hand basin. The design and layout of one of the twin rooms was not suitable for two residents in its current configuration. The inner bed was unoccupied on the days of the inspection. The side and head of this bed were positioned against the wall and there was approximately nine inches between the foot of the bed and the wall. Should the bed be occupied, it would involve significant disturbance to the resident should, for any reason, they need the assistance of two staff. Martello is also on the ground floor and can accommodate 17 residents, all in single en suite rooms. Access to this area is via a keypad controlled door. Seafort is on the first floor and is accessible via stairs and lift. Seafort can accommodate fifteen residents in thirteen single and one twin room. Again, all of these rooms are en suite.

There is ample communal space, all of which is on the ground floor. There is a large dining room that can accommodate all residents at one sitting. The centre was observed to be clean throughout. Residents appeared comfortable and well cared for in their environment. Parts of the centre had undergone significant refurbishment. Communal areas were recently decorated and comfortable for residents and their visitors. There was a pleasant, well maintained garden area for

residents to enjoy outside space. The garden was accessible from a number of areas within the centre

Inspectors were informed some of the bedrooms had been refurbished while others would be refurbished in the future. Bedrooms were personalised with residents' photographs and possessions from home. Bedrooms seen by the inspectors had a television and landline telephone for residents use. The television service and landline charges were paid for by the centre. There was storage within the bedrooms, including locked storage for personal items. Curtains within shared bedrooms provided privacy and dignity. Call bells located beside each bed allowed residents seek care and attention when needed.

From what residents told us and from what inspectors observed, it was clear that residents were enjoying a very good quality of life. Inspectors observed residents being treated with courtesy, respect and kindness from a dedicated staff team. The inspectors noted that residents were all very well dressed in their preferred attire. Twenty one of the forty two residents in the centre were over the age of ninety years, with five of these over the age of one hundred. Inspectors were informed that a sixth resident was due to have their 100th birthday in November. It was clearly evident that independence was supported and promoted.

Inspectors spoke to a number of residents and family members over the course of the two-day inspection. Residents stated they "were lucky to be here", described the centre as a "lovely place" and a "home from home". Staff were described by residents as "very good" and as attentive, with one resident stating "if you call them, they come running". Family members expressed their satisfaction with the care and attention received by their loved ones in the centre. There were a number of residents who were unable to speak with the inspectors and were therefore not able to give their views. However, these residents were observed to be content and comfortable in their surroundings.

Residents were highly complimentary of the centre's chef and the variety of food on offer. One resident noted that you would not receive the same quality in a five star hotel. Inspectors noted that 38 of the centre's 42 residents had their meals in the dining room. Mealtimes were observed by inspectors to be pleasant, relaxed and sociable, with residents and staff chatting and laughing together. The dining room had recently been refurbished and was decorated with modern light fittings, art and mirrors. Tables were dressed with matching table cloths, flowers and the daily menu. There was ample quantities of food and choice for residents, including choices of meals not on the menu, if a resident preferred this.

The centre had a range of activities on offer for residents to enjoy. The schedule of activities was displayed throughout the centre and was also emailed to families on a weekly basis to support their participation. Inspectors observed group-based singing and dancing, facilitated by a musician, as well as residents engaging in independent activities of their choice, such as crochet. There was a chapel adjacent to the centre and residents were welcome to attend services there. There was also an oratory within the centre and religious leaders of multiple denominations attended on a

regular basis.

The next two sections of this 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

This was an announced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 (as amended), and to follow up on the findings of the previous inspection of September 2022. Overall, inspectors found that residents were in receipt of a high standard of care. Some improvements were required in the area of oversight of quality and safety and areas for improvement will be outlined under the relevant regulations in the report.

Mount Tabor Nursing Home and Care Centre is owned by Methodist Church Ireland but is on a long term lease to Dublin Central Mission Designated Activity Company (DCM DAC), the registered provider. DCM DAC are also involved in two independent living facilities and many of the residents living in Mount Tabor transition from these facilities to the nursing home when their needs increase. There is a clearly defined management structure in place with identified lines of accountability and responsibility. The centre is governed by a board of directors and the chief executive officer (CEO) is accountable to the chairperson of the board. The director of nursing is the designated person in charge of the centre and reports to the CEO. The centre has a management team whose membership includes the chief executive officer, director of finance, head of services and head of people. The director of nursing is supported in his role by an assistant director of nursing and a clinical nurse manager. The person in charge is responsible for clinical oversight in the centre and the services manager has operational oversight of non-clinical issues.

Residents and families said they were aware they could raise a complaint with any member of staff or the person in charge. A number of residents and a family member informed the inspectors of raising complaints and being satisfied with how they were managed and how they were communicated with during the process. Residents were observed to be confident and relaxed while raising their concerns with the person in charge during the inspection. Similarly, interactions with those residents were observed to be respectful and courteous. There was written evidence of the person in charge keeping the registered provider updated on a weekly basis in respect of complaints in the centre and their management. Information about available advocacy services was displayed in prominent locations within the centre. Action was required to ensure that the notice on display and the complaints policy reflected a recent amendment to the regulations on complaints management. There was also a need to ensure that all complaints and the outcome of the complaints process was fully recorded. This is addressed under Regulation 34 of this report

There were systems in place to monitor the quality and safety of care delivered to residents through a range of audits. These included audits in the areas of care planning, infection control, wound care and falls management. Action plans were completed for a number of these audits but it was difficult to ascertain from the available records if the required improvements were implemented. Inspectors were informed of a new system of oversight that was being put in place. A programme of planned audits had been developed for 2023. There was an annual review of the quality and safety of care delivered to residents completed for 2022. The review, however, was more a summary of issues such as complaints, maintenance issues, and available training rather than an assessment of the quality and safety of care against relevant standards as required by the regulations. This is discussed further under Regulation 23 of this report.

The inspector found that there were adequate staff rostered during the day to meet the needs of the residents. There were usually three registered nurses on duty in the morning two in the afternoon and two at night. There were usually ten healthcare assistants (HCAs) on duty in the morning, eight in the afternoon and two at night. A review of the staff roster, however, identified that due to unplanned absences of nursing staff there was, on occasion, one nurse and three healthcare assistants on night duty. Mitigation measures for the absence of the second nurse involved a member of the day nursing staff remaining on to assist with the administration of night time medications.

Staff in the centre had received training appropriate to their individual roles through a combination of online and in-person training sessions. There was an ongoing training schedule in place to support staff receive relevant training. While records were maintained of staff attendance at training, it was not immediately clear to management or inspectors what staff had completed mandatory training and what staff were overdue attendance at this training. A training matrix was submitted to the inspectors following the inspection. A review of this matrix indicated that not all staff had attended up-to-date training modules was completed by all staff.

Residents were consulted through residents' meetings and surveys. The person in charge also consulted with residents informally through opportunistic chats. While the feedback from residents was generally positive, records available indicated that these meetings were infrequent. A review of a sample of residents' surveys completed in October 2022 indicated that the feedback was positive, however, a record of an analysis of the survey was not available. A relative questionnaire had been completed and again the the feedback was overwhelmingly positive on the care delivered to residents. Relatives were very complimentary of the staff and the service provided.

Regulation 14: Persons in charge

The person in charge was recently appointed to the role. A review of records and interactions with the person in charge over the course of the two days of the

inspection indicated that he is an experienced nurse and manager with the required knowledge, experience and qualifications for the role.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty day and night, with appropriate knowledge and skills to meet the needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

While there was a comprehensive programme of training, not all staff had up to date training in mandatory areas such as safeguarding residents from abuse, fire safety, challenging behaviour and manual handling.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of four personnel files found evidence of the staff member's identity, Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications and current registration details. However, the personnel files did not contain full employment histories as required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Substantially compliant

Regulation 22: Insurance

A certificate of insurance was available indicating that the centre was insured against injury to residents and loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Action required in relation to governance and management included:

- while action plans were completed following most audits it was not clear from the records available that required improvements identified in the action plans had been completed
- the annual review of the quality and safety of care did not adequately assess if care delivered was in accordance with relevant standards
- an analysis of a resident survey was not available and it was therefore not possible to ascertain if the findings of the survey contributed to quality improvement or were incorporated into the annual review of quality and safety

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Improvements were required to the Statement of Purpose to ensure that it complied with Schedule 1 of the regulations. For example:

- it did not include the current conditions of registration
- it did not accurately reflect the updated complaints regulation
- it did not adequately outline support available for residents to access services to which residents are entitled under the General Medical Services (GMS) scheme or to national screening programmes for which residents qualify through age or condition
- adequate detail was not provided of communal sanitary facilities available in the centre
- the organisational chart required review to ensure it reflected reporting arrangements up to and including the registered provider

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display at reception. Some procedural details and named personnel were incorrect and this was rectified during the inspection.

The centre had records in place outlining how complaints were managed. Two items on the complaints log required updating to confirm their management and closure. These matters were attended to during the inspection by the person in charge.

The nominated complaints officer and review officer had not received training to deal with complaints as required by the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Inspectors found 17 of the 20 policies required by Schedule 5 of the regulations were available and updated in line with regulatory requirements. The Centre did not have the following policies:

- Staff training and development
- Provision of information to residents
- Recruitment, selection and Garda vetting of staff

Inspectors were shown a draft recruitment, selection and Garda vetting policy that was awaiting implementation.

The centre had a complaints policy which required updating to comply with SI 628 of 2022 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 (as amended), which came into effect on 1 March 2023.

Judgment: Substantially compliant

Quality and safety

Residents' rights were supported and protected by a team of supportive and caring staff to ensure that they had a good quality of life in the centre. Residents' needs were being met through good access to health care services and opportunities for

social engagement. However, the inspectors found some issues were identified in relation to the premises, infection control, fire safety and health care. These required actions are outlined under the relevant regulations.

Residents had access to appropriate medical and allied healthcare professionals to ensure their healthcare needs were met. Residents had access to general practitioners that attended on site at a minimum of once weekly and as required. Outside of working hours an on-call service was contacted. There was evidence of regular medical reviews and referrals to specialist services as required. Residents had access to physiotherapy, occupational therapy, speech and language therapy, tissue viability and dietitian services. An area for action was identified which is discussed under Regulation 6: Health care.

From a review of a sample of care plans, inspectors found that validated assessment tools were completed by nursing staff and informed the development of care plans and these were found to be person-centred, individualised and sufficiently detailed to direct the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated in line with regulations or when the residents' needs changed.

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a homely way. Residents had access to a secure outdoor areas, which was accessible from various parts of the centre. There were plenty communal and private spaces for residents' use and in general the premises was well maintained and promoted residents independence and well being. The inspectors saw that some action was required in relation to premises as outlined under Regulation 17.

Visitors were observed in the centre during the two days of inspection. It was evident that visitors were welcome in the centre and visitors were complimentary about the care their relative/friend was receiving. Visitors appeared to be familiar with staff and were on first name terms.

The inspectors observed that the centre was clean throughout and staff had easy access to alcohol hand rub dispensers at the point of care. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy.

Management stated that there was only a small number of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), none of which was significant. Overall there was a very person-centred approach to managing responsive behaviours. Documentation reviewed indicated that the centre was reducing its bedrail usage. Four of the forty two residents living in the centre were using bedrails. The person in charge was requested to review the restraint assessment tool to ensure it support objective decision-making for the use of restraint.

There was a policy and procedures in place for the prevention, detection and response to allegations or suspicions of abuse. Staff were familiar with the

procedure for reporting suspected abuse. All residents spoken with stated that they felt safe in the centre. The registered provider was not pension agent for any residents living in the centre.

Management and staff promoted and respected the rights and choices of residents in the centre. Residents has access to WI-FI, books, televisions, and radios. Residents had access to an oratory within the centre in which religious services were held regularly. There was also a church adjacent to the centre. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. Dedicated activity staff implemented a varied and interesting schedule of activities seven days a week for residents. Some improvements were required in relation to formal consultation with residents.

Regulation 11: Visits

There were arrangements in place for residents to comfortably receive visitors, both in public areas and private sitting rooms. Inspectors observed a friendly and welcoming atmosphere towards visitors. Residents spoke of enjoying visits from loved ones. While visitors spoken with by inspectors were complimentary of staff and of the care delivered to residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to facilities to enable them to maintain control of their personal possessions in a safe and secure place. They had access to a laundry service on site, which provided a service that met their needs. They had adequate space to store their clothes in their personal private space.

Judgment: Compliant

Regulation 17: Premises

A review was required of the design and layout of one of the twin bedrooms to ensure that it was suitable for two residents. In its current configuration, it would not be possible for staff to access both sides of the bed without significant disturbance to the resident.

While storage facilities had been improved since the last inspection, inspectors noted that chair scales and hoists were store on corridors and could potentially impede

evacuation routes or accessing fire safety equipment.

While a programme of refurbishment was underway, some bedrooms were in need of repainting and upgrading of floor covering.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

All residents, including those prescribed a modified diet, were offered a choice of food at mealtimes. Should a resident wish to have something other than what was listed on the menu, this was facilitated. Food was attractively presented and residents requiring assistance were assisted in a respectful and dignified manner. There was fresh drinking water available to residents.

Discussions with the chef indicated that catering staff were familiar with residents' dietary preferences and requirements. There was good access to dietetic and speech and language therapy and any changes to a resident's diet was communicated to kitchen staff.

Residents reported that they greatly enjoyed the food in the centre and that it was provided in sufficient quantities.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was in place, up-to-date and contained the requirement as outlined in Regulation 26(1) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Similarly there was a policy for responding to major incidents as outlined in Regulation 26(2).

Judgment: Compliant

Regulation 27: Infection control

Improvements required in relation to infection prevention and control included:

- the system for monitoring the incidence of multi-drug resistance organisms (MDROs) and antibiotic surveillance required review to ensure such information was readily accessible for quality review purposes

- there was not an adequate system for identifying the cleaning of clinical equipment so that it was readily identifiable that the equipment was cleaned prior to further use or being placed in storage

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate arrangements were in place to respond appropriately in the event of a fire. For example:

- there was a large fire compartment on the first floor, comprising 16 beds, and assurances were required that all residents could be evacuated in a timely manner in the event of a fire to include when staffing levels are at their lowest
- evacuation maps on display did not clearly identify compartment boundaries or routes to the nearest emergency exit
- not all staff spoken with by inspectors were knowledgeable of what to do in the event of a fire, such as progressive horizontal evacuation

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Blood sugar levels were not always recorded in accordance with the schedule set out in each resident's care plan.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were arrangements in place to ensure that restrictive practices were implemented in line with national policy and residents with responsive behaviours were supported by staff in a manner that was not restrictive. The person in charge was requested to review the risk assessment for the use of bed rails to ensure it provided an objective assessment of the risks associated with bed rails.

Judgment: Compliant

Regulation 8: Protection

All residents spoken with stated that they felt safe in the centre. All interactions by staff with residents were seen to be courteous and respectful. The provider is not pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors saw that staff were respectful and courteous towards residents. There were good positive interactions between staff and residents observed during the inspection. The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre through participation in residents meetings. Residents' privacy and dignity was respected.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Tabor Nursing Home and Care Centre OSV-0000071

Inspection ID: MON-0031832

Date of inspection: 28/09/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The nursing home is fully compliant with online training for staff who need to complete mandatory training prior to work commencement and throughout their service. In-person face-to-face training is also held on site with staff, some gaps were noted at the time of the inspection, this is due to staff leave and staff are always booked on the next scheduled session. There is a plan in place to have all in person training fully compliant by year end.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Four personnel files were reviewed at the inspection, 1 was fully compliant. 1 was missing a printed CV which was held in the employee’s electronic file, this has been printed for the file. 1 had a reference that was not validated from the company that issued it and this has been actioned. The remaining file had a gap in employment history, and this has now been validated with the employee and is written up on file. File audits are completed on a regular basis and we continue to strive to ensure full compliance in this area.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The home has a plan in place to review audits, annual review and resident survey templates. It is recognized that more analysis of patterns/trends is required through specific action plans from all audits scheduled in the home. Furthermore, there is a plan to implement an electronic system that will support and enhance our clinical audit, analysis, action plans and reporting functions for the home.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose was updated at the time of the inspection to reflect any detail that was required. This has since been submitted to HIQA and is a completed action.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>At the time of the inspection, it was noted that the complaints policy did not meet the updated regulations. A new complaints policy and procedure was drafted and has been in place since the inspection date.</p> <p>The complaints log was updated at the time of the inspection, and we continue to ensure all complaints are logged appropriately.</p> <p>The complaints officer and the review officer have significant management experience which includes handling and responding to complaints, however a training course will be undertaken in due course.</p>	
Regulation 4: Written policies and	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The home is currently reviewing all policies and procedures to ensure compliance with Schedule 5. This includes the development of a new employee handbook reflecting any updated policies.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The twin room has been reviewed and reconfigured to ensure bed accessibility from both sides.</p> <p>The chair scales have an existing storage space in a dedicated medical equipment room. Staff reminded of the importance of returning the scales to the designated area after use. All hoists have dedicated storage/charging points within the home, we have reviewed and reconfigured the Martello fire safety equipment to ensure it is accessible at all times.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The home has good practices in place in relation to anti-microbial stewardship and the logging of individual anti-biotic prescriptions and use. We are currently reviewing our options to review overall usage, trends and surveillance across all residents. This is being explored with our electronic care record system and/or a manual system. We envisage having something in place by Q1 2024.</p> <p>Any bed pumps that were out of use at the time of inspection have been discarded from the premises. All equipment that is in use is tagged and linked to a cleaning schedule.</p>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A risk assessment is underway to review the evacuation plan for the Seafort Unit. This will include engagement with a Fire Consultant who has worked with the home in the past.</p> <p>The evacuation maps were updated at the time of the inspection, however further updates are to be made, which are under review.</p> <p>Staff training and fire drills are completed regularly. Toolbox talks on fire safety will be rolled out by the Senior Nurse/ADON as ongoing additional training in this area.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The home has an existing system in place to record blood sugar levels for those with diabetes as set out in their care plan. The importance of recording of this information onto the electronic care record system has been reinforced with all clinical nursing staff and will be monitored by ADON/DON.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/06/2024

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/06/2024
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	Substantially Compliant	Yellow	31/12/2023

	Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/11/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated	Substantially Compliant	Yellow	26/10/2023

	centre concerned and containing the information set out in Schedule 1.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	28/09/2023
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	28/09/2023
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers	Substantially Compliant	Yellow	30/03/2024

	and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/03/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/03/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord	Substantially Compliant	Yellow	30/11/2023

	Altranais agus Cnáimhseachais from time to time, for a resident.			
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