Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Camillus Nursing Centre
Name of provider:	Order of St Camillus
Address of centre:	Killucan, Westmeath
Type of inspection:	Unannounced
Date of inspection:	27 November 2024
Centre ID:	OSV-0000098
Fieldwork ID:	MON-0042687

About the designated centre

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

St. Camillus Nursing Centre was established in 1976 and is registered for a maximum capacity of 57 residents, providing continuing, convalescent, dementia, respite and palliative care to male and female residents, primarily over 65 years with low to high dependency needs. The centre is located on the outskirts of Killucan in Co. Westmeath, close to where four counties meet. All accommodation and facilities are at ground floor level and are well maintained. A variety of communal facilities for residents' use are available. A number of sitting rooms, a quiet room, a visitor's room and seated areas are available. Two dining rooms are located at the front of the building, with one adjoining the main kitchen. The layout and design of both dining rooms provided good outlooks and views of well-maintained gardens and the main driveway. A smoking room, hairdressing room and laundry facility are included in the facilities within the centre. Residents' bedroom accommodation consists of a mixture of 42 single and eight twin rooms. An end-of-life single room for those sharing a bedroom is included in the layout, and two single bedrooms are dedicated to residents with palliative care needs. Some bedrooms have en-suite facilities, while others share communal bathrooms. The centre is connected by a corridor to a splendid chapel where mass is celebrated daily and where the wider community come to meet residents. The service aims to create a caring, safe, and supportive environment where residents feel secure, have meaningful activity, and are encouraged to live life to the fullest while meeting their needs. Family involvement is supported and encouraged. Staff will have appropriate training and the necessary skills to ensure care is tailored to each individual during their stay and up to the end of life.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 November 2024	10:00hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead
Friday 29 November 2024	09:00hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead
Wednesday 27 November 2024	10:00hrs to 18:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

This was an unannounced inspection completed over two days. On arrival at the centre, the inspectors met with the person in charge and were accompanied by members of the centre's management on a walk around the centre on the first morning of the inspection. This walk around the centre gave the inspectors an opportunity to meet with residents and staff and to observe practices and residents' experiences of living in the centre. The person in charge (PIC) demonstrated the progress made with the completion of works to upgrade fire safety in the centre and other works completed in the residents' lived environment, including the installation of an additional communal shower to meet residents' needs.

St Camillus Nursing Centre is located a short distance outside the village of Killucan in beautifully landscaped and mature gardens that surrounded the centre. A small stream ran through the site and outdoor seating was placed at a number of locations to support residents with spending time relaxing and enjoying the gardens in warmer weather.

There was a religious ethos in St Camillus Nursing Centre, which a number of residents told the inspectors was one of the reasons they chose to live in the centre. Residents were facilitated to attend a live Mass each morning in the beautiful large church adjoining the centre, together with their neighbours and friends from the local community. Volunteers from the locality invested their time with supporting the service and were observed by the inspectors decorating the church with holly for Christmas on the days of this inspection. Residents told the inspectors that they particularly liked the prayers, choirs and religious celebrations that took place at Christmas in the centre's church. One resident said 'it was a special time' for them, and another resident said 'they loved joining in with singing the Christmas hymns'. Many of the residents told the inspectors that being able to attend a Mass every day was 'very important' to them and something they 'really valued' about living in the centre. The services in the church were streamed via a webcam service to facilitate residents who were unable or did not wish to attend the centre's church to participate in their bedrooms.

Overall, there was a comfortable and relaxed atmosphere in the centre. The residents' lived environment was warm, spacious and brightened further by natural light through the large windows in residents' bedrooms, communal areas and along the corridors. Residents' bedrooms and communal areas were mostly adequately maintained and were visibly clean. There were appropriately placed hand rails to support residents to walk independently around the centre. Residents' bedrooms were spacious, and there was adequate storage space for residents' clothing and personal possessions. Many of the residents had personalised their bedrooms with personal items, photographs and soft furnishings. A number of residents told the inspectors that they 'liked' their bedrooms and that their beds were 'very comfortable'. A small number of residents were using bariatric beds, and one of these residents said that the provider had provided them with a wider bed because

they had slept in a double bed at home and did not feel secure in a single bed in the nursing home. There was a variety of communal rooms available for residents, and the inspectors observed that most of the residents chose to spend their day in them, as they wished. The inspectors observed that these rooms were spacious and bright and were decorated with traditional memorabilia and furniture that was familiar to the residents. Two residents' family members told the inspectors that they were very satisfied with the service and care provided and commented that 'they have something very special here'.

Staff and residents knew each other well, and they comfortably engaged together in conversations during care procedures. However, the inspectors observed that staff who were in two sitting areas to meet residents' needs were otherwise engaged in their documentation activities. This negatively impacted on their attentiveness to residents' needs for assistance in these areas as the inspectors observed one resident who was at risk of falling and needed staff support with mobilising stood up from their chair and had started walking without being noticed by the staff member in this area.

The inspectors observed that mealtimes in the centre were a highlight of the day for the residents, and many of the residents were enjoining chatting together over their meals. Residents were offered a choice of three hot meal options for their lunch time meal, and these meal options were displayed for resident's information. Residents said that the food 'was always great', 'very nicely cooked, plentiful and well presented' and 'always so fresh and tasty'. Residents had a choice of menu and confirmed that they could have alternative dishes to the menu as they wished. Staff were attentive to residents' needs for assistance in the dining room and were observed gently and discreetly encouraging residents with eating their meals.

Residents' personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff took good care with their personal clothing and returned it promptly to their bedrooms. Arrangements were in place to minimise the risk of residents personal clothing becoming lost or misplaced.

On the days of this inspection, most of the residents spent their day in the communal sitting areas or in the dining room during mealtimes. The inspectors observed that two sitting areas, one of which had a fireplace that simulated an open fire effect, were open to the corridor on one side. While these areas had comfortable seating in them and a television for residents' viewing, residents' comfort and television viewing were impacted by noise and traffic on the corridor. Furthermore, a number of residents in each of these areas were resting in chairs that backed onto the busy adjoining corridors. This meant that these residents could not see who was walking or talking behind their chairs, and they had difficulty with hearing the television above the constant noise from the corridor.

The inspectors observed that two staff had assigned responsibility for ensuring residents were supported to participate in social activities that interested them and that suited their abilities. However, the inspectors observed that over the two days of this inspection that the social activity programme available was limited, and only

a small number of the residents actively participated in any social activities, including a card game on one afternoon with volunteers from the locality. There was a high dependence on television viewing for residents in the sitting areas, and the inspectors observed that the majority of residents did not actively engage in viewing what was offered on the televisions in these areas. Furthermore, the inspectors were told and observed that staff with responsibility for residents' social activities were involved in answering the front door and meeting and greeting visitors. This meant that they were not available to residents during these times and were regularly interrupted when attending to residents' needs.

Residents told the inspectors that their general practitioner (GP) visited them whenever they needed medical care without delay. A number of residents expressed high levels of satisfaction that a physiotherapist was available to them on two days each week. Two residents attributed the support they received from the physiotherapist to being key to their improving mobility and quality of life.

Residents said that they felt very safe and secure in the centre and that they would speak to an individual staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each sections.

Capacity and capability

Although there was clear evidence that improvements had been made following the previous inspection in March 2024 significant focus and effort were now required in order to complete the actions from previous inspection reports in order to bring this designated centre into compliance with the regulations and ensure that the care and services provided for residents were safe and appropriate.

This unannounced inspection was carried out over two days 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 actions the provider had committed to following the March 2024 inspection. In addition, the inspectors followed up on notifications that had been submitted to the office of the Chief Inspector since the previous inspection.

This inspection found that improvements had been made in relation to staffing, the management of fire safety and infection prevention and control processes since March 2024. However, compliance with a number of other regulations had not been sustained and required significant improvement.

The provider of St Camillus Nursing Centre is the Order of St Camillus, which is an unincorporated body and is represented by a senior member of the order who was

not available on the days of the inspection. The person in charge is also a member of the order, and they facilitated the inspection with the support of the assistant director of nursing, clinical nurse managers and the centre's administrator.

The managers in the designated centre provided support and supervision to a team of nurses, health care assistants, housekeeping and laundry staff, maintenance and activities staff. There had been a significant turnover of staff in 2024; however, all vacancies had been filled at the time of the inspection. There were two staff nurses on duty and two clinical nurse managers during the day and two staff nurses on duty during each night. In addition, there were 10 care staff on day duty until 16.00 hours and nine care staff until 20.00 hours, when care staff was reduced to three care staff until 22.00 hours and then to two care staff and two nurses from 22.00 hours to 08.00 hours. There was sufficient housekeeping and catering staff on the day of the inspection. These staffing levels had improved since the inspection in March 2024. Maintenance staff worked with the external contractors to complete the fire safety improvement works that were ongoing in the centre.

The core staff team were supported by 10 volunteers from the local community who organised social activities for residents, including the mobile shop and games afternoons with bingo and card games. Volunteers also supported residents to attend the centre's lovely on-site chapel for the daily services or for quiet reflection. Staff and volunteers worked well together and demonstrated cooperation and flexibility in their work, which helped to create a pleasant environment for the residents. However, the inspectors found that supervision of staff required improvement to ensure the provider's own policies and procedures were being consistently implemented, and the required standards were being met by staff. In addition, staff roles and responsibilities were not clear in some areas. For example, staff providing activities and front-of-house services were not able to clearly set out how the activities schedule was organised and provided. It was also not clear how they divided their time between providing activities and performing front-of-house tasks such as meeting and greeting visitors.

Staff had good access to a range of training opportunities both within and outside of the centre. The oversight of staff training was good, and staff members were up-to-date with their mandatory training requirements. However, inspectors found that some staff did not demonstrate appropriate skills and knowledge in key areas of care provision, such as the management of residents who experienced responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.) and in providing meaningful social activities for residents.

The provider had a range of quality assurance processes in place, including audits, resident and family feedback questionnaires, complaints, resident meetings and policies and procedures. However, these were not being used to effectively monitor care and services provided for residents. As a result, this inspection found that improvements had been made in relation to staffing, the management of fire safety and infection prevention and control processes since March 2024. However, compliance in a number of other regulations had not been sustained and required

significant improvement.

Regulation 14: Persons in charge

There is an experienced person in charge in the centre who meets the requirements of the regulations. The person in charge works fulltime and was well known to residents, staff and families.

Judgment: Compliant

Regulation 15: Staffing

Some staff did not demonstrate appropriate knowledge and skills in relation to supporting those residents who were living with dementia and showed low levels of agitation when they were not able to make their needs known. Although staff were at all times kind and courteous in their interactions with these residents, the staff response was not always person-centred, taking into account the resident's known preferences and their known triggers for responsive behaviours. As a result, some residents became more agitated and distressed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had recently recruited additional staff to provide activities and front-of-house services. The staff who spoke with the inspectors were not clearly able to describe their roles and responsibilities in relation to providing a programme of activities for the residents. Furthermore, they did not have access to appropriate training in relation to this aspect of their role. As a result, inspectors found that the provision of activities did not ensure that all residents who wished to participate had access to meaningful activities that were in line with their preferences and capacities.

Staff supervision was not robust and required review and strengthening. As a result staff were not consistently implementing the provider's own policies and procedures in order to ensure care and services were consistently provided to the required standards. This was evident in the following areas; cleaning and storage of residents' equipment, the management of complaints and incidents, interactions with residents who demonstrated responsive behaviours, and assessment and care planning practices. These findings are set out under the relevant regulations.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was uptodate and had improved since the previous inspection; however, the record did not contain details of any authority/organisation or other body which had arranged the resident's admission to the designated centre.

Judgment: Substantially compliant

Regulation 21: Records

The following Schedule 2 and 4 records were not available in some resident and staff records;

- Gaps in employment had not been followed up and explained in the employment record for one newly appointed member of staff.
- The records of food and fluids provided for residents were not well-maintained and did not provide sufficient detail to provide assurance that the residents' nutritional needs were being met.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that sufficient resources were available to complete the fire safety works in a timely manner and that the additional shower was installed in line with the compliance plan from the previous inspection.

The management systems that were in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example;

- The oversight of management processes in place to protect residents did not ensure that the provider's policy and procedures were consistently implemented to ensure the safety and wellbeing of the residents. The findings are set out under Regulations 34: Complaints and Regulation 8: Protection.
- The oversight and review of the medication errors did not ensure that all medication errors were analysed and actioned with an appropriate, comprehensive quality improvement plan. For example, a review of residents'

medication records found errors and omissions in the recording of a number of residents' medications. These omissions and errors had the potential to have a negative impact on the resident's health and well-being.
- In addition, while the audits on medication management were completed, it was not identified that some of the medication errors were not appropriately addressed to ensure that staff were supported to adhere to safe management medication practices.
- Oversight by management of assessment and care planning processes did not ensure that these procedures were implemented in line with the provider's own policy and procedures and the requirements of the regulations. As a result, the standards of record-keeping were not adequate, which posed a risk that relevant information regarding each resident's needs and care interventions were not available to staff. These findings are discussed further under Regulation 5.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of a sample of residents' contracts found that found that:

- One resident did not have a contract for care and services in place.
- One contract for a resident who was admitted over two weeks prior to the inspection had not been signed in agreement by the resident or their representative on their behalf.

Judgment: Substantially compliant

Regulation 30: Volunteers

The provider ensured that people involved on a voluntary basis in the designated centre:

- Had their roles and responsibilities set out in writing.
- Were supported and supervised by nursing and care staff when present in the centre.
- Had appropriate vetting disclosure in place with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all potential safeguarding incidents were identified and notified to the office of the Chief Inspector within three working days as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspectors found that complaints were not being managed in line with the provider's own policy. For example;

- The inspectors reviewed the complaint log and found that two complaints had not been adequately investigated and followed up as per the policy.
- The records of complaints investigations and the outcome did not set out the details of how the complaint had been followed up, the outcome of the investigation or the complainant's satisfaction with how their complaint had been managed.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The provider had the required Schedule 5 policies in place, and which had been updated within the previous three years as required by the regulations. These formed part of the staff training sessions including staff inductions. However, actions were required to ensure these policies and procedures were consistently implemented by staff.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had appropriate insurance in place, which included injury to residents and loss or damage to a resident's property. Details of the insurance cover was available for residents and their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place that contained the information required under Schedule 1 of the regulations. The statement of purpose had been reviewed and updated within the previous 12 months.

Judgment: Compliant

Quality and safety

This inspection found that significant improvements were required to ensure that a safe and good quality service for residents was provided, particularly in the areas of nursing assessments and care plans, residents' rights and protection of vulnerable residents. Actions were also necessary by the provider to address areas of the premises, including completion of the installation of an additional shower and to complete fire safety works to ensure residents' safety in the event of a fire in the centre.

Overall, residents had timely access to medical and health and social care professional expertise. The inspectors found that residents' medical and health care needs were generally met. However, actions were necessary to ensure that specialist recommendations made to care for residents' wounds were consistently implemented by staff.

Although, the majority of residents' nursing needs were generally met, significant actions were necessary to ensure residents' needs were comprehensively assessed and their care plan documentation reliably guided staff on the care and supports that should be provided for them by staff. Improvements were also required to ensure that records were completed to allow for monitoring of residents' hydration needs and to maintain their skin integrity. The inspector' findings are discussed further under Regulation 5: Individual assessment and Care Plan.

Several residents' social care needs were not comprehensively assessed to a satisfactory standard, and consequently, many of the residents did not have care plans developed or updated to direct staff on the care and support they must provide to meet residents' social care needs. For example, many of the residents' social activity needs were not assessed and resulted in residents not having access to suitable and meaningful social activities that met their capacities and interests.

Residents had timely access to their general practitioners (GPs), physiotherapy and occupational therapy services. However, there was an increased incidence of residents falling in the centre, and while some actions were described to mitigate risk of recurrence, these actions were not consistently implemented. For example,

increased supervision by staff was referenced as a measure to reduce the risk of residents falling, but the inspectors observed that there were periods of time during the day of the inspection when staff did not remain with residents in one of the communal sitting areas. Furthermore, where staff were available in the communal areas, they were otherwise occupied with completing residents' documentation.

Residents' accommodation in the centre was arranged on ground floor level throughout in single and twin bedrooms; many of the residents' bedrooms had an en-suite toilet and shower facilities. While communal toilets and showers were available, adequate shower facilities were not available to meet residents' needs and the provider committed to installing two additional showers since the last inspection. The inspectors found that installation of one additional shower was completed and installation of the second additional shower was planned, but delayed. For the most part, the residents' environment was well maintained. However, maintenance was necessary in some areas of the premises and to residents' seating equipment.

Notwithstanding a number of improvements made by the provider since the last inspection to protect residents from risk of fire, the inspectors found that actions to address all red and amber rated fire safety risks identified in their own fire safety risk assessment (FSRA) were not completed by 31 December 2024 as committed to by the provider in their compliance plan from the last inspection. Furthermore, completion timelines for these outstanding fire safety work were not available at the time of this inspection. Satisfactory assurances regarding residents' safe evacuation in the event of a fire in the centre were not available. The inspectors' findings are discussed under Regulation 28: Fire precautions.

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their friends and visitors in the centre. Visits were encouraged with precautions to manage and mitigate risk of infection to residents.

Residents had access to local and national newspapers and radios. While televisions were available in the communal sitting rooms, some residents in the twin bedrooms shared a television and did not have individual choice of television viewing and listening as they wished.

Although processes were in place to ensure residents were safeguarded from abuse, there was not adequate oversight of the implementation of these processes, which did not ensure they were effective. For example, the inspectors were not assured that residents' risk of abuse was adequately mitigated as not all incidents were recognised as possible safeguarding incidents and appropriately investigated and managed.

Inspectors found that that staff did not consistently provide appropriate support and care for those residents who may display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). As a result some residents' behaviours were not appropriately managed by staff and effectively de-escalated.

Inspectors found that the provider had a number of measures in place to protect residents from risk of infection. However, areas for improvement actions were identified in infection prevention and control oversight, risk management, and environmental and equipment management. The inspectors' findings are discussed under Regulation 27: Infection control.

Regulation 11: Visits

Residents' families and friends were facilitated to visit, and practical precautions were in place to manage any associated risks. Residents' access to their visitors was not restricted, and suitable facilities were available to ensure residents could meet their visitors in private outside of their bedrooms if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' clothes were laundered in the centre's laundry and returned to them without delay. Residents had access to and were supported to maintain control of their own personal clothing and possessions. Each resident had enough space to store their clothes and personal possessions in their bedrooms as they wished.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not conform to all of the matters set out in Schedule 6 of the regulations. Notwithstanding improvements made since the last inspection, further actions by the provider were necessary to address the following findings;

- A sufficient number of shower facilities were not available to meet the needs of residents. Installation of one additional shower was necessary to ensure all residents had access to shower facilities within close proximity to their bedrooms.
- There was not sufficient storage available, and a number of the store rooms and storage areas that were in use were not well managed. For example, items were not appropriately segregated, and one large store room was untidy and cluttered with boxes and items stored on the floor.
- The surfaces of two assistive chairs were torn and damaged.
- Grab rails were not in place on both sides of one en suite toilet. This finding

did not promote residents' independence and safety.

- Premises were not kept in a good state of repair internally. For example: Paint was damaged/missing on a number of residents' bedroom doors, door frames and on wall surfaces in some residents' bedrooms and on walls along some corridors. Inspectors observed unsafe floor covering. For example, the floor covering and skirting in a communal shower was damaged and stained.
- A shower hose in one communal shower room was damaged and needed replacement.
- A call bell in the hairdressing room was not functioning and therefore did not ensure staff would be aware of residents' needs for assistance

Judgment: Not compliant

Regulation 27: Infection control

The infection prevention and control processes that were in place did not adequately address risks associated with the transmission of health care-associated infections, and the environment and equipment were not managed in a way that minimised the risk of transmitting a health care-associated infection. Actions by the provider were necessary to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27. This was evidenced by the following findings;

- The system in place to provide assurances that equipment was cleaned after each use was not robust. As a consequence the surfaces of residents' assistive equipment stored in readiness for use in a store room were visibly unclean.
- The extractor fan in the smoking room was visibly dirty and was not included on the centre's cleaning schedules.
- A stale odour was evident in a communal sitting room used as a quiet room for residents.
- Paint was damaged on some areas of doors, door frames, skirting, and walls in the communal areas, bedrooms, and corridors and the floor covering in a communal toilet/shower was not intact. This meant that these surfaces could not be effectively cleaned.
- Inspectors observed inappropriate storage practices in a one storeroom. Inspectors also observed that pressure-relieving mattresses and used linen collection trolleys were being stored in this room, along with assistive equipment, personal protective equipment, and other supplies to meet residents' needs. For example, items were not appropriately segregated and the room was untidy and cluttered with boxes and items stored on the floor, which prevented effective floor cleaning and ease of access in this room.
- A large storeroom used for storage of residents' assistive equipment and supplies was not clean. For example, the inspectors observed there was visible dust and particles, including dead insects, on the surface of the window sills. There was dust and grit on the floor and on areas of the

shelving. This posed a risk of transmission of infection to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider committed to addressing the significant fire safety risks identified on the inspection in March 2024 and in their own fire safety risk assessment dated 27 June 2024 by 28 December 2024. Notwithstanding the fire safety works completed, a number of works were delayed and a completion date was extended and timelines for completion of these necessary works were not available to ensure residents' fire safety in the centre.

Assurances regarding residents' safe evacuation in the event of a fire in the centre were not adequate as the fire evacuation drill records did not give assurances that the following procedures and risks were addressed;

- The most recent simulated emergency evacuation drill record dated 17 October 2024 referenced prolonged evacuation times of 13 minutes and 15 seconds. In response, the provider reduced the compartment size, but a fire evacuation drill was not repeated to ensure that this action effectively ensured residents' safety in the event of a fire in the centre. Furthermore, assurances were not adequate that the provider had assured themselves that residents' would be evacuated from another large compartment providing bedroom accommodation for up to twelve in a timely manner.
- Further to review of the most recent simulated night-time evacuation drill, evidence was not available that the following was considered;
    - Calling the emergency services was not referenced as part of the procedure completed
    - Assurances regarding residents' supervision by staff post their evacuation was not available. Many of the residents' personal emergency evacuation plans identified that they needed supervision by staff to maintain their safety post evacuation.
    - Equipment as specified in the residents' personal evacuation plans in the compartment evacuated was not referenced in the evacuation drill information and therefore could not be relied on regarding the evacuation drill procedure completed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The oversight of medicine management in the centre was not adequate and did not

provide assurances that residents were protected by safe medicines management practices and procedures or that the centre's medicines management policy was adhered to. This was evidenced by the following findings;

- One resident's medicines were being administered by nurses in a format that was not prescribed.
- While inspectors were assured residents were receiving their medicines controlled under misuse of drugs legislation, these controlled medicines were not correctly recorded as required by this legislation in the controlled drugs register .
- None of the medicines in the residents' medication kardexes reviewed by the inspectors were signed by the prescribing doctor. This meant that nurses were administered residents' medicines that were not individually prescribed for them.
- An incident involving a resident recorded in the accident and incident records was not identified and addressed as a medication error.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Significant action was required in respect of care planning arrangements for residents in the centre to ensure residents' needs were adequately assessed, care plans were developed and sufficiently detailed to guide practice and that they were regularly reviewed and updated when residents' conditions changed. This was evidenced by the following findings;

- Residents' needs were not adequately assessed. The inspectors found that a comprehensive assessment was mostly completed on admission but not repeated thereafter to ensure any new needs were identified. Consequently, a number of residents had needs for support with meeting their social care needs but did not have their interests or abilities needs assessed and did not have a care plan developed to guide staff on the care and supports they must provide to ensure these residents were adequately supported to participate in a meaningful social activity programme. Furthermore, the inspectors found that a needs assessment for one resident who was experiencing responsive behaviours was not completed and a behaviour support care plan was not developed to guide staff on the support and care this resident needed to ensure their dignity was preserved by supporting the resident to prevent the behaviours occurring and where they occurred to effectively de-escalate the behaviours.
- Residents with assessed and known risk of dehydration did not have a care plan developed to guide staff on meeting their needs. The inspectors found that 18 residents residents had a known risk of dehydration, but a care was not developed to include information regarding the recommended amount of fluids they needed to drink over each 24-hour period and the actions that

staff should complete if not achieved. Evidence that residents' fluid intake was monitored was not available. Consequently, the person in charge could not be assured that residents' hydration needs were adequately met.

- Although end-of-life care plans were developed for a number of residents, they contained insufficient information to guide staff on residents' individual preferences and wishes regarding where they wished to receive care and their physical and spiritual support and care preferences.
- The care plan for a resident with diabetes and on insulin therapy did not guide staff on the times or frequency with which they should assess this resident's blood glucose levels, the parameters their blood glucose should be maintained within, and the actions staff should take if the blood glucose measurement is outside these parameters.
- There was evidence that care of residents who had an assessed risk of pressure related damage to their skin integrity was not adequate, and as a result, some of these residents were developing pressure ulcers in the centre. Care plans for residents with an assessed high risk of developing pressure-related skin damage did not adequately inform staff on the frequency of position changes to ensure each resident's skin integrity. Furthermore, records were not available to evidence that residents' position changes were completed by staff.
- Wound care plans did not contain sufficient information to guide care and inform the management of wounds. For example, one resident with breaks in three areas of their skin did not have a separate care plan developed to guide care of each wound. The recommendations of the tissue viability nurse specialist were not accurately referenced in care of one of this resident's wounds. Consequently, the dressing applied to the wound was not as recommended.
- Residents with an assessed high of falling were not adequately supported by staff in two sitting rooms on both days of this inspection. For example, the inspectors observed from the accident and incident records that three residents fell in one sitting room over recent months; however, on the days of the inspection, staff in one sitting room with residents were occupied with updating their documentation. Staff were not available at all times in the second sitting room to respond to residents' needs for assistance and support as they required.
- There was limited information available regarding residents' care plan reviews or that reviews were done in consultation with residents and their representatives as they wished.

Judgment: Not compliant

Regulation 6: Health care

Nursing practices in relation to residents' assessment and care documentation and medicines management did not ensure that residents received a high standard of evidence based nursing care in accordance with professional guidelines issued by An

Bord Altranais agus Cnaimhseachais. The inspectors' findings are discussed further under Regulation 5: Individual Assessment and Care Plan and Regulation 29: Medicines and Pharmaceutical Services.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Not all staff had been facilitated to attend training in responding to and managing residents' responsive behaviours. Consequently, not all incidents of residents' responsive behaviours were recognised as such and appropriately responded to with effective person-centred supportive interventions to de-escalate individual residents' behaviours. Records were not consistently maintained to support analysis of incidents to identify triggers to the behaviours and effective de-escalation strategies that should be used to de-escalate behaviours, monitoring and to inform treatment pathways.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were not adequately protected from risk of abuse. While staff had access to safeguarding training, this training was not effective. Despite a high record of staff attendance at safeguarding training, safeguarding concerns documented in complaints received by the provider and in a medication incident involving a resident had not been recognised and responded to in line with the registered provider's safeguarding policy. This failure to recognise safeguarding concerns creates a significant risk for residents. Incidents had not been managed in line with the National Policy and Procedures for Safeguarding Vulnerable Persons at Risk of Abuse 2014. For example;

- The inspectors found that there was limited evidence of completion of preliminary assessments, appropriate referral, development of safeguarding plans and investigation of alleged safeguarding incidents.
- Furthermore, not all reasonable measures to protect residents from abuse and to prevent re-occurrence were taken by the provider in regard to one safeguarding incident. For example, the performance management action plan for one staff member was not being implemented, as observed by the inspectors.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had failed to ensure that residents were provided with adequate opportunities to participate in meaningful social activities that met their interests and capacities. The inspectors observed that the social activity programme for residents was limited and made available for a small number of residents. Many of the residents sitting in the sitting rooms on the day of the inspection were not supported to participate in meaningful social activities to meet their interests and capabilities and there was a high dependency on television viewing. However, residents' comfort with viewing the televisions was negatively impacted in two residents' sitting areas as these sitting areas were open to the corridor, which was noisy at times. This observation was supported by feedback from a number of residents who told the inspectors that they did not participate in any social activities. There was no documentation available regarding the social activities each resident participated and engaged in to meet their needs.

Residents were not supported to exercise choice in their daily routines. This was evidenced by the following:

- Residents in a number of twin bedrooms shared one television. The provision of one television for sharing between two residents did not ensure that each resident had a choice of television viewing and listening.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Camillus Nursing Centre OSV-0000098

Inspection ID: MON-0042687

Date of inspection: 29/11/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • In-person Dementia, Safeguarding and Responsive Behaviour Training commenced on 26th February 2025 for all staff who have resident contact. Every week a different group of staff, from all departments, are being rostered to attend a full-day's workshop. The training pinpoints actual responsive behaviour's as observed in the day-to-day life of the residents in the Nursing Centre and how we can respond to them for the best outcome for the resident. It explores what may be contributing to the behaviour's and effective ways of reducing them. Group discussions and question and answer sessions allow the course facilitators to be assured that participants have an understanding of the topics explored. • Issued raised at the training sessions are explored and staff are encouraged to talk about their challenges with managing responsive behaviour's and then group discussion leads to finding solutions to these. • It has proven beneficial that having a multidisciplinary group adds to the understanding that everyone has a role to play and the residents benefit from everyone's involvement. That each person brings a different viewpoint. • The workshops include exploring F.R.E.D.A. and a Human Rights approach in health. • It includes that by relating all our activities and practices to F.R.E.D.A., it gives a more rounded approach to care and not just a clinical approach but meeting peoples everyday needs and assisting residents to live life to the full. • Nurses & CNM's are aware to monitor staff approaches with residents and correct inappropriate staff interactions when observed. Management Team are now on the floor observing practices and correcting poor practice where and when observed	
Regulation 16: Training and staff	Not Compliant

development	
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The three staff members involved in providing activities are now aware of their roles and responsibilities and have written plans in place to ensure there are meaningful activities for all residents throughout the week. This includes one to one activity for residents who are unable to join group activities due to cognitive impairment or personal choice. • Sonas training is being arranged for the activity coordinator. • Responsive Behaviour Training will commence on 26th February 2025 for all staff who have resident contact. • Management Team are now on the floor observing practices and correcting poor practice where observed.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Details of where the resident was admitted from has been added to all current residents' entries in the Directory of Admissions. This is also be added to all future residents upon admission.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • There is a daily record in place for every resident who requires assistance maintaining their fluid intake. This is checked twice a day by the CNM on duty. • We have met with the representatives of and have agreed to commence using the electronic system to enhance and consolidate real-time record keeping, moving away from paper records. • The ADM has retrospectively accounted for any gaps noted in staff CV's. • All complaints are now being investigated, with full details of the investigation and outcome and details of the complainant's response to the outcome being recorded as per Nursing Centre Policy; as well as the person making the complainants satisfaction level to the investigation.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• The additional shower has been created between bedrooms 8 & 9 and will be completed and in use on February 24th 2025.

• See Regulation 28 – Fire Precautions.

• See Regulation 8 – Protection.

• See Regulation 29 - Medicines and pharmaceutical services.

• A more comprehensive audit template has been developed and is in place. This includes increasing the frequency of medication auditing to two monthly; identifying whether the reason for a gap in administration was recorded and if it wasn't what the follow up is with the individual nurse.

• Staff are aware that all medical products (medicated creams) are now kept in the Medication trolley.

• We have introduced the "This is me" document. This document gives us a broader insight into the persons likes and dislikes, to ensure their care is person centered and individual and promotes independence as far as possible.

• All nurses have completed the annual Medication Management course and Syringe Driver Training with the Education Team from Tullamore Nurse Education Centre.

• The four monthly assessments will now inform the Care Plans and any changes that need to be made to highlight any differences in a person's needs.

• All nurses have been given Protected Time in order to update and personalize their allocated Care Plans, using a new template of Care Planning. This is based on the Roper; Logan & Tierney Activities of Daily Living. All Care Plans are in the process of being updated. This is now overseen by the two CNM's.

• The Management Team have commenced a daily meeting with the CNM on duty. The PIC & ADON will undertake a monthly review of the audits and Care Plans to ensure that the auditing and care planning process is robust, to ensure that areas requiring improvement are noted and an improvement plan is in place.

Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: • All residents have a Contract of Care in place and new residents will have a signed Contract of Care in place on admission going forward.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • Retrospective Notifications have been sent to both HIQA and HSE Safeguarding Team (The HSE Safeguarding Team are happy with the safeguarding plans put in place and did not require any further actions) for past incidents deemed to be safeguarding issues. • Incident & accident reporting will be monitored daily to assess if they constitute a safeguarding and notifiable event and if so, will then be notified within the required timeframe to both HIQA and the HSE Safeguarding Team and Gardai if required.	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • All complaints are now being investigated, with full details of the investigation and outcome and details of the complainant's response to the outcome being recorded as per Nursing Centre Policy; as well as the person making the complaint satisfaction level to the investigation.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies	

and procedures:
In relation to the adherence to the Schedule 5 Policies, as outlined in the report:

• Behaviour Management: Behaviour Management training is commencing on 26th February 2025.

• Medication Management: More robust medication auditing is in place to identify gaps in the management of medication. Annual Medication Management training continues for all nurses.

• Fire Prevention: Fire prevention work is underway to ensure resident safety and compliance with the regulations (See section Regulation 28 Fire Precautions).

• Safeguarding: Safeguarding Training will now be face-to-face to maximise the impact and heighten awareness of what is a safeguarding issue. Incident & accident reporting is being monitored daily to assess if they constitute a safeguarding and notifiable event and if so, they will then be notified within the required timeframe to both HIQA, HSE Safeguarding Team and Gardai as appropriate.

• Records: There is a daily record in place for every resident who requires assistance maintaining their fluid intake. This is checked twice a day by the CNM on duty. We have met with the representatives of and have agreed to commence using the electronic system to enhance and consolidate real-time record keeping, moving away from paper records. The ADM has retrospectively accounted for any gaps noted in staff CV's. All residents have a signed Contract of Care in place and new residents will have a signed Contract of Care in place on admission going forward.

• All complaints are now being investigated, with full details of the investigation and outcome and details of the complainant's response to the outcome being recorded as per Nursing Centre Policy; as well as the person making the complaint satisfaction level to the investigation.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• An additional shower has been created between bedrooms 8 & 9 and will be completed on February 24th 2025.
• The call bell in the Hair-dressing room is working.
• Decluttering has been performed in the store rooms and signs in place to remind staff to keep them tidy; storerooms have been added to the cleaning schedule.
• One damaged chair was discarded. We have contacted an upholster to re-cover the rest of the chairs identified, This commenced on 12th February 2025; he will reupholster one by one.
• Grab rails are now in place in the identified toilet.

• Regarding the floor covering in the communal shower, identified as being damaged and stained – the floor covering has been removed and replaced; the contractor has also repaired the flooring underneath in an effort to prevent cracking happening again.
• An ongoing maintenance programme is in place, with a fulltime maintenance man, to make good any damaged, chipped paint etc.
• The damaged shower hose has been replaced as noted in the bathroom near the kitchen.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The room where a stale odour was noted has been deep cleaned and ventilated.
• The corridor floor covering identified as being damaged and stained has been repaired. An on ongoing maintenance programme is in place, with the fulltime Maintenance man, to make good any damaged, chipped paint etc.
• Decluttering and cleaning has been performed in the store rooms and signs in place to remind staff to keep them tidy; storerooms have been added to the cleaning schedule.
• Linen skips are now kept in the laundry not the store room.
• The Extractor Fan in the smoking room has been cleaned, as well as those in the bathrooms. These have been added to the Nursing Centre Cleaning schedule for the maintenance man.
• A full-time maintenance man is in post and has a rolling schedule to identify and correct issues such as chipped paint, problems with flooring etc. A walk-around is performed monthly to identify maintenance issues not already reported in the log-book.
• Tags for equipment to indicate that is has been cleaned and ready for use are being sourced from stores.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• We assure the Chief Inspector that the resources are available and we remain committed to addressing the risks as identified by the external Fire Engineer in full and without further delay.
• Evacuation wall drawings have been upgraded and additional drawings are now in place throughout the Nursing Centre.
• The new Fire Compartment attic wall is in place above the fire doors between Rooms 4 & 5, as identified, dividing the compartment and reducing the number of residents in each compartment.

• Fire Walls in the attic space have been made good, where needed using, recommend materials.
• Additional illuminated "Running man" signs are in place where identified, back-to-back with existing signs.
• Rear fire escape route has been resurfaced.
• Fire Safety Register has been updated.
• Resident supervision post evacuation has been added to the regular fire drills, as per residents' individual PEEPS.
• Calling the fire brigade is now referenced at evacuation drills.
• Evacuation Drills are now conducted using the new largest compartment, which is 11 residents. Staff have been made aware, at evacuation drills of the changes made to the previous largest compartment, which has now been divided into two compartments of four and eight residents respectively.
• We have achieved a time of 6 mins, from the time of fire-alarm activation, for the evacuation of the largest compartment using night-time staffing levels.
• External lighting has been completed.
• PAT Testing has been completed.
• Periodic Inspection of Emergency Lighting is now undertaken.
• Curtains removed from exits as identified.
• Certification of gas equipment and pipework in place.
• All fire door sets have been serviced.
• All holes in ceilings have been plugged.
• Key locks have been replaced with thumb-turns.
• Chapel ceiling painting to Class 0 standard completed.
• System completed to L1.
• Equipment used in evacuation is now being referenced in the Evacuation Drills.
• Having discussed the upstairs storage area, we have decided to keep this area out of commission for the time being, as to use it would necessitate further building works, as at this time we have decided to priorities other areas which will be more beneficial to the Nursing Centre. As a storage area it has limited use as it requires stairs access, which would limit what could be stored there.
• Replacement fire door installation, as identified, is underway. The doors have been ordered and should be installed by mid-April 2025.
• Emergency lighting is in place in the space under the church.
• Fire Proof Attic Hatch doors: Five have been fitted and the remaining are currently being fitted, to be completed by 24th March 2025.
• Work is underway to reconfigure the room where there is an electrical board, to separate it from from the storage area.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

• The missing physician's signatures on residents Drug Kardex's has been addressed and discussed at a meeting with the GP, he assures us that they will be in place by 21st February at the latest and will continue to be so going forward.
• The Controlled Drug Register has been changed to allocate a page per drug per resident.
• In consultation with the pharmacist, residents Drug Kardex's now clearly state the prescribed format in which drugs are to be administered.
• A more comprehensive audit template has been developed and is in place. This includes increasing the frequency of medication auditing to two monthly; identifying whether the reason for a gap in administration was recorded and if it wasn't what the follow up with the individual nurse was.
• The regular MDT Six monthly medication review by Pharmacist, GP & nurse was completed on January 29th2025.
• All medication errors are being identified as such, addressed and recorded as per Nursing centre policy.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• All residents Care Plans are being updated. All nurses are being given Protected Time in order to update and personalize their allocated Care Plans, using a new template of Care Planning. This is based on the Roper; Logan & Tierney Activities of Daily Living. This is being overseen by the CNM's using the "This is Me" document as a base for getting to know the residents and their needs.
• We have procured a company to install an electronic system for all our documentation and record keeping, this will commence week beginning 3rd March 2025.
• The admission assessments will now be reviewed every four months, to ensure that any new needs / changes in needs are being identified.
• A Care Plan for Social Needs, identifying resident's needs and abilities, is being put in place for each resident together with their other care plan updates.
• A Positive behaviour Support Plan is now being used for all residents who have responsive behaviour's, to effectively inform care to de-escalate the situation.
• The Diet and Nutrition Care Plan will now reflect a resident's need for one-to-one support with fluids. It will also identify the 24hr fluid intake the resident should have and what to do if this hasn't been achieved. Such as identifying signs of dehydration.
• End of Life Care Plans reflect as much information as the resident and their families wish to share with us in regard to end of life care and after care. As the resident's life with us progresses and then draws to a close, we liaise closely with them and families in order to tailor their care to their evolving needs and wishes.
• Diabetic Care Plans detail the management of the resident's diabetes; including their individual blood sugar parameters and management if outside these; this includes the use of oral glucose gels and shots for BM's under 4mmol and testing for Ketones when

above 14mmol as recommended by the Clinical Nurse Specialist in Diabetes in Midland Regional Hospital, Mullingar.
• Residents at a high risk of falling are supported by staff in sitting rooms who longer undertake paperwork in the sitting rooms so they can focus on resident support and safety.
• Skin Integrity is now a stand-alone Care Plan, separated from Personal Care. It details the risk as identified by the Waterlow Score and the plan in place to mitigate the risks such as a pressure relieving mattress, pressure relieving cushion and frequency of change of position.
• Residents with more than one wound have a separate Care Plan for each wound.
• TVN instructions are being followed and added to the Care Plans.
• Family Communication page now identifies that the resident/relatives have been involved in the care planning process.
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Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Please See Regulation 29: Medication Management.
Please See Regulation 5: Individual Assessment.
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Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• The ABC Chart is now in place for residents with responsive behaviors; to help us to identify trigger and strategies to de-escalate responsive behaviors.
• Training – We are continuing with our in-house programme of training to identify and respond effectively to responsive behaviours for all staff with resident contact.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• All incidents and complaints are being reviewed on a daily basis, in order to identify issues of a safeguarding nature.
• All incidents of suspected or confirmed abuse are managed using the Nursing Centre's Policy on Safeguarding and reported to both HIQA and the HSE Safeguarding Team and any other agency as appropriate such as the gardai.
• The Management Team have made the decision to not use on-line training for Safeguarding but returned to face-to-face training, commenced on 26th February 2025. All staff will attend this training. Please see Regulation 15 (Staff Training).
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Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• All residents have completed the "This is me". This will help identify the activities the person would like to participate in.
• The three staff members involved in providing activities are now aware of their roles and responsibilities and have written plans in place to ensure there are meaningful activities for all residents throughout the week. This includes one to one activity for residents who are unable to join group activities due to cognitive impairment or personal choice.
• We now group residents of similar abilities and interests together for some activities, if they so wish.
• Residents have the choice to watch television in their rooms, a sitting room or in two open sitting areas. Staff will ensure that residents are comfortable with where they are sitting.
Televisions in Twin Rooms – A programme of giving both residents in twin rooms a television each has been put in place and should be completed by 30th April 2025. In the meantime, residents have access to three communal televisions, if they would prefer to watch a different programme to their neighbour.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	02/04/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	13/03/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	14/02/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Not Compliant	Orange	24/02/2025

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	24/02/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	14/02/2025
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	14/02/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	28/02/2025
Regulation 23(b)	The registered	Substantially	Yellow	28/02/2025

	provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Compliant		
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	28/02/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	14/02/2025
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	28/02/2025

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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.	Not Compliant	Orange	24/03/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	14/02/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	17/04/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	14/02/2025
Regulation 28(2)(iii)	The registered provider shall	Not Compliant	Orange	14/02/2025

	make adequate arrangements for calling the fire service.			
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.	Not Compliant	Orange	14/02/2025
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	14/02/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	21/02/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in	Not Compliant	Orange	14/02/2025

	charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	14/02/2025
Regulation 34(3)	The registered provider shall take such steps as are reasonable to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer.	Not Compliant	Orange	14/02/2025
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	Not Compliant	Orange	14/02/2025

	distinct from a resident's individual care plan.			
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	14/02/2025
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Not Compliant	Orange	14/02/2025
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	14/02/2025
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 been assessed in accordance with paragraph (2).	Not Compliant	Orange	03/03/2025
Regulation 5(2)	The person in charge shall arrange a	Not Compliant	Orange	03/03/2025

	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.			
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	14/02/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	03/03/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan	Not Compliant	Orange	03/03/2025

	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 Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	26/03/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	14/02/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	14/02/2025
Regulation 8(3)	The person in	Not Compliant	Orange	14/02/2025

	charge shall investigate any incident or allegation of abuse.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	13/03/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/04/2025