



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

Issued by the Chief Inspector

Name of designated centre:	St Ursula's Nursing Home
Name of provider:	Ballyhavil Limited
Address of centre:	Golf Links Road, Bettystown, Meath
Type of inspection:	Unannounced
Date of inspection:	19 October 2023
Centre ID:	OSV-0000171
Fieldwork ID:	MON-0041008

About the designated centre

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

The centre provides 24- hour nursing care for up to 24 residents over the age of 18 years, male and female, who require long-term and short-term care or respite. The building has two storeys. Communal facilities and residents' bedroom accommodation consists of 24 single bedrooms, two of which have en-suite facilities. Communal facilities, bathrooms and toilets are available and located within a reasonable distance from bedrooms and communal areas. The centre has a spacious lounge with a variety of seating options and a number of other sitting areas with views outside. A separate dining room is available on the opposite end of the lounge and sitting areas, with 17 bedrooms in between and seven bedrooms on the first floor. There is a passenger lift available to residents. An accessible, safe, and secure outdoor courtyard contains block paving, seating areas and a variety of shop front displays. The philosophy of care is to provide high-quality, personalized, friendly and informed care to residents. The Nursing Home endeavours to foster an ethos of independence and choice where residents can recover and build confidence in their abilities with a high standard of nursing and medical care provided. A commitment to providing privacy, dignity and confidentiality to the residents and their families underpins the centre's mission statement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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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
Thursday 19 October 2023	08:30hrs to 17:20hrs	Geraldine Flannery	Lead
Thursday 19 October 2023	08:30hrs to 17:20hrs	Niamh Moore	Support

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in St Ursula's Nursing Home. The residents appeared relaxed in their surroundings and were seen to be interacting well with each other and the staff on duty. The inspectors observed that the registered provider had made positive changes in response to the previous inspection to improve the delivery of services, however further improvement was required to meet the requirements of the regulations and will be discussed further in the report.

On arrival, the inspectors were greeted by a senior staff nurse who informed them that they were in charge of the centre on the day of inspection. The person in charge was on leave on the day of inspection. The registered provider representative was off duty, however they came in and facilitated the inspection together with the registered provider.

The lived in environment was clean and met residents' needs. There was sufficient private and communal space for residents. The registered provider had commissioned some premises work since the last inspection. Inspectors saw the day room had recently been refurbished with new flooring, panelling and pictures. Finishes, materials, and fittings in refurbished areas struck a balance between being homely, whilst taking infection prevention and control into consideration.

Inspectors found that this day room was a pleasantly decorated and comfortable space with many seasonal Halloween decorations on display for residents to enjoy. Inspectors were told that residents chose to spend most of their day within this room and preferred to have their meals there instead of the centre's dining room. Residents had access to a large dining room, a conservatory area and an enclosed courtyard. The conservatory was closed on the day of the inspection as refurbishments were due to take place.

Residents' accommodation and living space was laid out over two floors, and served by one lift. Inspectors saw that there were no residents on the first floor as it was in the process of being painted and the flooring replaced. Residents' bedrooms were all single rooms with two having en-suite facilities. Inspectors observed that many residents had personalised their bedroom space with pictures, soft furnishings and photographs. Residents spoken with said they were satisfied with their bedroom accommodation and reported to enjoy the "quietness" of the nursing home. Laundry facilities were provided on site. Residents said that their clothes were regularly laundered and returned to their rooms promptly.

Inspectors observed that the meal-time was supervised by the nurse on duty. Residents had choice for their meals and menu choices were displayed for residents to see. Inspectors saw that residents had access to a safe supply of fresh drinking water in bedrooms, with additional fluids offered throughout the day. The daily menu was displayed outside the day room and there was a choice available for the

main meal at dinner, dessert and tea time. Inspectors observed that mealtime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. There was relaxing music playing in the background during the mealtime. Good interactions were observed between staff and residents. Inspectors observed staff to offer encouragement and assistance to residents. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Inspectors noted that additional portions and a variety of drinks were offered to residents by staff. Residents spoken with were all complimentary of the food, with one resident reporting that the kitchen staff were very accommodating to their specialised dietary needs. Kitchen staff spoken with were knowledgeable regarding residents' dietary requirements.

The inspectors spent periods of time chatting with residents and observing interactions between residents and the staff. It was evident that staff knew the residents' needs well, as inspectors observed numerous interactions where staff were gentle, patient and kind to residents. All of the residents who were spoken with were complimentary of the staff. Residents told inspectors that they "didn't have to wait long for help" and that staff were "great", "very good" and "always available when needed".

Residents had access to radio, television and newspapers. The registered provider had information displayed relating to advocacy services available to residents. Residents had access to activities Monday to Sunday within the designated centre. There was one dedicated activity staff member working within the nursing home. This staff member was on planned leave on the day of the inspection with cover for their activity duties assigned to another staff member. Inspectors saw that the day room had a notice board with activity resources available to residents such as art, word searches, music trivia quizzes and puzzles such as spot the difference. Inspectors were told that residents chose the activities that took place on the day, with bingo, music and dancing seen to take place on the day of the inspection. In addition, some residents were assisted by activity staff on a one-to-one basis. Residents were observed to chat with other residents and staff during these activities.

No complaints or concerns were raised by any resident, and residents confirmed that they would not hesitate to speak with a staff member if they had any issues. The provider representative confirmed that there were no open complaints on the day of inspection.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that residents were supported and encouraged to have

a good quality of life in the nursing home. Inspectors followed up on the compliance plans from the previous inspection dated 26 January 2023 and acknowledged the improvements and positive changes made by the provider. However, this inspection found that further action was required by the provider to ensure that the management systems in place were effective in bringing the designated centre into compliance with the regulations.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended), and inform the application to renew the registration. In preparing for this inspection, the inspectors reviewed, the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

Ballyhavin Limited is the registered provider for St Ursula's. In the absence of the person in charge, the governance and management team in place on the day of inspection consisted of the Registered Provider and the provider Representative. There were management systems in place to oversee the service, however further improvements were required and will be discussed further in the report.

An application for registration renewal was submitted to the Chief Inspector within the required time frame. The statement of purpose accurately reflected the facilities and services provided. On first review, some adjustments were required to the statement of purpose, including aligning the complaints procedure to the new revised regulation.

A review of the roster and inspectors' observations, found that staffing levels and skill mix were adequate to meet the needs of residents on the day of the inspection. Additional cleaning staff were recruited and had been rostered as the third member of staff for night duty as a contingency plan in the event of fire evacuation, as per previous commitments given to the Chief Inspector. This arrangement had temporarily ceased during the renovation works on the first floor, as all residents were now residing on the ground floor. Inspectors were given assurances by the registered provider that this arrangement would resume when renovations were complete and when residents would return to the first floor.

The inspectors were informed that recruitment was on-going for several positions including, a clinical nurse manager (CNM) position which was vacated at the end of September. Notwithstanding these recruitment plans, on the day of inspection, the senior nurse on duty was not supernumerary and was tasked with responsibility for working in the clinical setting as well as the overall oversight of the designated centre. While on the day of inspection, the inspectors found that services were delivered by a well-organised team of staff, further assurances were required and discussed under Regulation 23; Governance and Management.

The registered provider had ensured that the records set out in Schedule 2 of the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 were made available to inspectors. However, following a review of four staff

files inspectors found that these files did not meet fully the regulatory requirements as further discussed under Regulation 21.

The Chief Inspector was notified regarding the absence of the person in charge for a period of 28 days or more, however at the time of inspection suitable alternative arrangements had not been put in place. The person delegated to assume responsibility, despite knowing the service and having the ability and necessary experience did not fulfil the criteria to assume the role of person in charge. Residents and staff informed the inspectors that they were kept informed of changes in management.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix were sufficient to meet the assessed needs of the 16 residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Oversight of training and staff development was required. The training records made available on the day of inspection indicated that there were gaps in up-to-date mandatory training for staff. For example, 20% of staff were out of date with fire training, 37% with infection control training and 14% in patient moving and handling training. In addition, the compliance plan from the previous inspection had not been fulfilled as 20% of staff did not have nutrition, dysphagia and MUST training.

Judgment: Not compliant

Regulation 21: Records

Inspectors followed up on the compliance plan from the previous inspection and found that while improvements in records such as the staff roster and an activity schedule displayed were in place, the audit of staff files had not been effective. For example:

- Four out of four staff files reviewed had gaps in their employment history with no rationale provided.
- Two written references were not available for one staff member.
- Two staff members' references did not include their most recent employer.

In addition, in respect of residents' care records, from a small sample of care plans reviewed, the inspectors found incomplete records for one resident in respect of details of any specialist communication needs of the resident and methods of communication that may be appropriate to the resident, as required under Schedule 3 (5) (a). The care plan for did not refer to the communication aid used by the resident concerned. This created a concern that unfamiliar staff would not be aware of the residents' specialist needs, and one staff spoken with did not inform inspectors of the communication requirements for this resident.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider did not ensure that the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The inspectors found a weakened governance and management structure that was further compounded by the unplanned absence of the person in charge. In addition there were a number of staff vacancies not filled on the day of inspection including the position of clinical nurse manager. While recruitment was ongoing at the time of inspection, this depleted organisational structure impacted on the oversight and monitoring of the service.

Furthermore, as a result of vacancies and recent changes in the governance and management arrangements the lines of accountability and responsibility were not clear and in line with the statement of purpose.

Management systems in place were not sufficiently robust to ensure that the service provided was appropriate, consistent and effectively monitored. Evidence of where further oversight was required included:

- The provider did not ensure that there was a robust contingency plan in place in the event of unplanned absences. For example, in the event of an unplanned absence of the person in charge the provider had no succession arrangements in place to ensure continuity of governance and management leadership and oversight in the designated centre. Inspectors acknowledged that the position of CNM had recently become vacant and that in the interim, the registered provider representative was overseeing the running of the nursing home, however this was not a sustainable arrangement.
- Oversight of allocation of resources required action. For example; the only staff nurse on duty on the day of inspection was not supernumerary despite working in a supervisory capacity and had clinical responsibilities for residents as well as overall management of the centre.
- Information governance arrangements and the management of records required full review. This was a recurrent finding from previous inspection. For example, the documentation for nutrition assessments and daily records were inaccurate and provided insufficient information to guide all staff as further discussed under Regulation 18; Food and nutrition. Also, some documents inspectors requested were not available on the day of inspection. For example, the registered provider could not locate documentation for the service agreement for the bedpan washer or of staff meeting minutes and the residents' committee meeting minutes of quarter two 2023.
- Management oversight for staff training and education was required. For example, there were gaps in the mandatory training for staff and there was no evidence that all staff had attended policy and procedures education sessions to confirm they were aware of their contents as agreed in the assurances and compliance plan from last inspection.
- Management systems for the oversight of cleaning of equipment was required and will be discussed under Regulation 27; Infection, prevention and control.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed four contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre, any charges incurred and were signed by the resident or their representative. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1.

Judgment: Compliant

Regulation 32: Notification of absence

The Chief Inspector was given notice in writing to the proposed absence of the person in charge for a continuous 28 days or more.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had not prepared all the policies and procedures as set out in Schedule 5 of the regulations namely,

- 'The handling and disposal of unused or out-of-date medicines' was not available for review.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The Chief Inspector was given notice in writing of the procedures and arrangements in place for the management of the designated centre during the absence of the person in charge. However, the proposed person did not fully meet the criteria. Inspectors acknowledged that recruitment was ongoing at the time of inspection. In the interim, the registered provider representative was overseeing the running of the nursing home.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were

well met. The inspectors found that although improvements had been made across most regulatory requirements further actions were required and will be discussed under the relevant regulations.

Three general practitioners (GPs) visited the centre to respond to resident's medical needs. Access to specialist services such as geriatricians, palliative care and psychiatry of later life were available through a local hospital. Residents also had timely access to dietitians, speech and language therapy, tissue viability nursing and community services such as chiropody and opticians.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

The registered provider had completed a document on each resident called 'A key to me' which related to residents' history, hobbies, interests and personal calendars of important dates to enable person-centred care. Inspectors found that staff made good efforts to provide meaningful activities that residents could participate in groups or individually.

The registered provider detailed that residents meetings took place every three months. Minutes were available for March and September 2023 (minutes for quarter two were not available). From a review of these minutes, inspectors found that residents were informed of premises refurbishment works, new staff and feedback was sought from residents on areas relating to service provision such as activities, laundry and staff assistance. Minutes highlighted that overall residents had high levels of satisfaction of the care they received, and inspectors noted some residents requested access to outings.

Residents at risk of weight loss were closely monitored. Inspectors reviewed assessments and care plans and found that advice sought by dietitians was being followed. However, inspectors reviewed nutrition assessments and care plans for two residents and found that the screening tool to identify adults who are at risk of malnutrition was inaccurate for one resident and that daily food and fluid intake charts were not appropriately completed.

Overall, the premises was of suitable size to support the numbers and needs of residents living in the designated centre. Progress in relation to actions from the previous inspection was evident on this inspection. For example, unsafe flooring was replaced, the L1 fire upgrade was complete and all holes in the ceiling were sealed. Refurbishment of day room was complete with work ongoing in the conservatory and on the first floor.

The inspectors noted that following the last inspection, the registered provider had put in place an improvement plan to enhance infection, prevention and control to address outstanding issues. For example, additional cleaning staff had been recruited and storage issues addressed. However, there were still some outstanding issues and will be discussed further under Regulation 27; Infection, prevention and

control.

The inspectors observed improvements since last inspection in relation to Regulation 28; Fire precautions. For example, fire containment measures in the main attic was complete and resident's smoking room was removed. Other completed works included removing of oxygen cylinders, installation of additional fire extinguishers, maglock fitted to external door and ceiling in dry laundry repaired.

Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant.

- In the event of power failure, the generator on site was not connected to the centre. The inspectors acknowledge that cabling from the generator to the centre had commenced and was waiting completion once the distribution board was fitted.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors found some gaps in monitoring and oversight of residents' nutrition needs. In one example, the inspectors found that the assessment tool for assessing residents at risk of malnutrition was used incorrectly. This resident's care plan recorded the incorrect weight and body mass index (BMI) for the resident concerned. In addition, the revised daily record of food and fluids for this resident, introduced since the last inspection was incorrect for the day of inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control (IPC) in community services (2018), with the exception of the following issues identified:

- The management and oversight of residents' equipment required review to ensure there were effective assurance mechanism in place in respect of identifying clean versus used equipment and thus prevent the risk of cross-contamination. This included oversight of cleaning processes for residents'

wheelchairs. .

- Inspectors were informed that the bed pan washer had been installed since the last inspection. However, there was a lack of assurance that it had been timely serviced, as the record was not available to support this.
- Rust was observed on a bin in the sluice room, radiator and handrail support in the assisted toilet/shower room, preventing effective cleaning.
- Some hand gel sanitiser dispensers were observed to be unclean and dirty with congealed gel.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the significant improvements since the last inspection and acknowledging that the registered provider had taken precautions to ensure that residents were protected from the risk of fire, some items remained outstanding including,

- All staff did not have up-to-date fire training, as discussed under Regulation 16; Training and Staff Development.
- Upgrade of distribution board. Inspectors acknowledge that the box was on site and awaiting the return of the electrical contractor to install.
- While most additional fire doors were installed, the final one was on site and awaiting to be fitted.
- Automatic door closure upgrade was ongoing. Inspectors acknowledged that it was in the final phase of completion.
- External signage to direct residents and staff to to the fire assembly point was on order and would be installed on its arrival.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided within this centre, with regular oversight by GPs and referrals made to specialist professionals as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Training records indicated that all staff had completed safeguarding training. Inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment. The nursing home was pension-agent for two residents and there was a system in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Ursula's Nursing Home OSV-0000171

Inspection ID: MON-0041008

Date of inspection: 19/10/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff are now up to date with all mandatory training and Training for 2024 has been booked and organized.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>We are in the process of auditing all staff files and incorporating staff appraisals to highlight any gaps in schedule 2. A resident files and care plan audit has highlighted areas for improvement and a plan is put in place for completion, education sessions are provided by the RPR.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staff recruitment is ongoing, The RPR has interviewed and offered a position to a PIC pending references and garda Vetting She is due to commence at the end of January</p>	

2024. The RPR has also employed one full-time nurse and one part-time. The contingency going forward is that Courses are booked for 2 x staff nurses to complete Leadership and management by March 2024. CNM interviews are ongoing, and 2 interviews are arranged for the week of the 11th Dec. We have also employed a new part time Physiotherapist for the Nursing Home.

The RPR continues to work in the Centre full-time.

Nutritional Assessments for all residents reviewed weekly by the Nurse on duty and as and when a new resident is admitted. Also all documentation discussed at monthly Governance and Management meetings.

All meetings Residents and Staff are up to date and plans for next year to be put in place.

All staff are up to date with mandatory training and training booked for next year.

Policy and Procedure Education is complete and has been incorporated into the yearly training.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

The medication management procedure has been reviewed by the RPR and Pharmacist and The handling and disposal of unused and out of date medications has been incorporated

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

Substantially Compliant

Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre:

1 x senior nurse has completed Management course and another due to complete on the 1st march 2024. A good contingency is in place for cover. A new PIC has been offered the role of acting PIC pending references and Garda Vetting, She is due to commence at the end of January 2024. Our PIC continues on long term sick leave.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All works on the Generator will be completed by the 20th December. This date was given to the RPR by the installer.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: All staff have been advised to retrain in MUST assessment training All residents weight and BMI have been reassessed and amended where necessary. A yearly training plan in place for Nutrition and Dietician is willing to give RPR a plan for training for next year.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The management and oversight of cleaning equipment has been reviewed and discussed with all staff. "I am clean" signs in between use are in place for all reusable equipment. The bin in the sluice room has been replaced. Service records Are in place for bedpan washers and all other equipment.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All new staff are now up to date with Fire Training and dates are booked for next year also. All new fire doors are now installed and fitted and addressed to fire panel. Automatic door closure upgrades are near completion with a date of the 20th December</p>	

given by our fire company

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.	Not Compliant	Orange	30/11/2023
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	20/12/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional	Substantially Compliant	Yellow	01/11/2023

	assessment in accordance with the individual care plan of the resident concerned.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/12/2023
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	31/01/2024
Regulation 23(b)	The registered 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.	Substantially Compliant	Yellow	31/12/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	31/01/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/12/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/11/2023
Regulation 04(1)	The registered	Substantially	Yellow	25/10/2023

	provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Compliant		
Regulation 33(2)(c)	The notice referred to in paragraph (1) shall specify the name, contact details and qualifications of the person who will be or was responsible for the designated centre during that absence.	Substantially Compliant	Yellow	31/01/2024