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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:	Rosenalee Care Centre
Name of provider:	Rosenalee Care Centre Limited
Address of centre:	Poulavone, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	23 May 2023
Centre ID:	OSV-0000277
Fieldwork ID:	MON-0039569

## About the designated centre

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

Rosenalee Nursing Home is a family run designated centre and is located within the urban setting of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 66 residents. It is a two-storey facility with two lifts, chair stairs lift and separate stairs to enable access to the upstairs accommodation. 23 residents are accommodated upstairs and 43 residents reside downstairs. Bedroom accommodation comprises single and twin rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas included dining rooms both upstairs and downstairs, day rooms, library quiet room, oratory, conservatory sitting room. There are additional seating areas at both entrances to the centre, by the corridor near the main entrance and at the nurses' station upstairs. Residents have access to an expansive paved enclosed courtyard with seating, parasols, garden furniture, raised flowerbeds and large bandstand. Rosenalee Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

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

Number of residents on the date of inspection:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 23 May 2023	09:00hrs to 18:00hrs	Siobhan Bourke	Lead
Tuesday 23 May 2023	09:00hrs to 18:00hrs	Breeda Desmond	Support

## What residents told us and what inspectors observed

The inspectors met with many of the 58 residents during the inspection, to gather feedback and spoke with nine residents in more detail to gain insight into their experience of living in Rosenalee Care Centre. It was evident to inspectors that care was led by the needs and choices of residents who were cared for by kind and competent staff. The inspectors met with a number of visitors who were also complimentary regarding the care their relatives received. One resident told an inspector that staff were "top class".

On arrival unannounced to the centre, the inspectors met with the person in charge who participated in an opening meeting. The centre's reception area was bright, welcoming and clean. Following the meeting, the inspectors were guided on a tour of the premises by the person in charge and the general manager, where the inspectors had the opportunity to meet with residents and staff. During the walk around the inspectors saw that there was lots of activity in the centre with many residents up and dressed and ready for the day's activities. A number of residents were being assisted with personal care and a physiotherapist was on site providing assessments and treatments to residents. A trainer was also in the centre to provide staff with cardiopulmonary resuscitation training(CPR). Visitors were also coming and going to the centre to visit their relatives.

Rosenalee Care Centre is a family run, large two storey centre, located in the suburban town of Ballincollig and registered to accommodate 66 residents. Residents' private accommodation includes 23 single bedrooms upstairs and 43 residents reside downstairs in mainly single and a small number of twin bedrooms. The majority of bedrooms on both floors were spacious and were seen to be decorated with residents' personal possessions, photographs, and in some rooms, their own furniture. Bedrooms in the new part of the building were finished to a very high standard with beautiful en-suite bathrooms. The inspectors saw that flooring in a number of bedrooms in the older part of the building had been replaced since the last inspection and corridors and bedrooms had been recently painted.

The inspectors saw that privacy curtains in two twin bedrooms did not ensure adequate privacy for residents as the rail was damaged and therefore the curtains could not be pulled fully around the beds. A grab rail on one of the corridors was also in need of repair. The provider assured the inspectors that these would be immediately addressed. The inspectors saw during the walk around that storage in the centre required review as one of the cleaning trollies and mop heads were stored in one of the sluice rooms, clean towels were stored in the shared bathrooms and supplies such as gloves and clean paper towels were stored in a staff toilet. These and other findings are outlined further in the report.

The centre had a number of communal areas and rooms where residents could rest in private or enjoy social interaction with other residents and staff. There were two large dining rooms downstairs, a café style library, a cosy homely sitting room, a

sun-room and day-rooms. Upstairs there was a large spacious day-room that overlooked the courtyard. There was plenty armchairs and couches throughout the centre in areas where residents could also sit and rest. During the morning, the inspectors saw a resident enjoy a cup of tea and biscuits, watching the activity in the centre near one of the centre's reception areas, while others rested in the sitting rooms or day-rooms. Throughout the centre, corridors and walls were decorated with pictures and paintings and home style furniture to give the centre a homely feel. Notice boards on a number of corridors displayed the centre's complaints procedure, minutes of recent residents' meetings and the activity schedule so that residents and relatives had easy access to these.

The inspectors saw that residents could easily access outdoor spaces in the centre and had open access to the centre's courtyard from the day-rooms. The courtyard was beautifully maintained with plenty raised flower beds, mature plants and trees. There was plenty outdoor seating for residents to enjoy the May sunshine and parasols and the centre's band stand provided shelter from the sun for residents. During the afternoon, the inspectors saw residents and visitors alike sitting out in the courtyard enjoying the sunshine and well maintained space.

The inspectors observed the dining experience at lunch time. Dining room tables were decorated with table cloths, flower posies and condiments. Since the previous inspection, meals were served in the dining rooms on the ground floor. The lunch time menu choice was displayed in the dining rooms. The meals were nicely presented, looked appetising and wholesome. Residents were complimentary about the food and told inspectors that they had choice at mealtimes. A small number of residents chose to eat their meals in their bedrooms. Inspectors observed that mealtimes were a social experience with residents chatting together or with staff during the meal. The inspectors saw that residents who sat together were served their meal at the same time to enable a sociable dining experience. The inspectors noted that the lunch time meal was served at the earlier time of 12.05 hours rather than the scheduled 12.30 hours and also saw that cold deserts such as ice-cream were not appropriately stored to keep them cold in the dining rooms while the main meal was being consumed.

Overall, the inspectors observed that staff attended to residents' needs in a kind and respectful manner. Residents told the inspectors that staff were attentive and attended to their needs in a timely manner. The inspectors saw that residents were dressed in their own styles and preferences. Residents could choose how to spend their day and residents were supported to go on day trips with their relatives if they wished. The inspectors saw many visitors coming and going on the day of inspection and those who spoke with the inspectors were happy with the visiting arrangements in place.

There were very good opportunities for residents to participate in recreational activities of their choice and ability throughout the day. There was an activities schedule in place seven days a week which included a variety of activities such as bingo, movement to music, arts and crafts, play your cards right and karaoke with exercises. External musicians also attended the centre to provide live music for residents every two weeks. On the day of inspection, a number of residents

participated in a Sonas session in the morning and then watched mass on the large screen TVs in the communal rooms in the centre. In the afternoon, following an exercise session led by one of the activities co-ordinators, the inspectors saw residents enjoy a bingo session and cards game that were held in the sunshine in the courtyard.

Residents' views on the running of the centre were sought through regular surveys of residents. The inspectors reviewed a sample of responses and found that these were mainly positive. Regular residents meetings were held in the centre and issues such as activities and food were discussed. Minutes of these meetings showed that action was taken in response to any issues raised.

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

## Capacity and capability

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. Overall, the inspectors found that while the centre was well resourced and had a clearly defined management structure, some management systems in place required improvement to ensure the service provided to residents was safe and effective. In particular, the systems in place with regard to care planning, infection control and fire precautions. These were outlined under the relevant regulations.

Rosenalee Care Centre was operated by Rosenalee Care Centre Limited, who was the registered provider. There were four company directors, one of the directors acted as the representative of the provider, while another director worked as the general manager in the centre. There had been a recent change to the person in charge of the centre and the office of the Chief Inspector had been notified of this change in line with the regulations. The person in charge had the experience and qualifications required for their role and were knowledgeable regarding their roles and responsibilities.

There was a clearly defined overarching management structure in place. The person in charge was supported in their role by a full time assistant director of nursing and a team of nurses and health care assistants and activity staff. The centre also had an office manager, administrative staff, maintenance staff, catering and housekeeping staff. The position of clinical nurse manager was vacant at the time of inspection, but the provider was working to fill this role.

Staffing and skill mix on the day of inspection were appropriate to meet the assessed needs of the residents. A review of the staffing rosters found that the person in charge had increased the number of care staff on the afternoon shift and

had increased the number of days laundry staff were rostered in response to service need.

There was a programme of both online and face to face training available for staff working in the centre that was closely monitored by the management team. Newly recruited staff were provided with induction. The management team provided clinical supervision. Staff, whom inspectors spoke with, demonstrated an understanding of their roles and responsibilities.

There was evidence that there was effective communication with staff in the centre via regular staff meetings and daily handovers. Minutes of staff meetings reviewed by inspectors showed that key resident issues were discussed and communicated to staff. Minutes of the management team meetings were now maintained in the centre. The provider had prepared an annual review for 2022 that was available on the day of inspection.

The person in charge collected and monitored key clinical risks to residents each month, such as pressure ulcers, falls, infections, weight loss, transfer to hospital and use of bedrails. This information was used to monitor the quality of care provided to residents. Falls were analysed and trended and the number of falls had reduced in the centre in the months prior to inspection. The provider had a schedule of monthly audits in the centre in relation to key quality of care issues such as, end of life care, care planning, medication management and infection prevention and control. However, inspectors found that further action was required in relation to effective management systems to ensure oversight of infection control, care planning and fire precautions as outlined under Regulation 23.

Written policies and procedure as set out in Schedule 5 of the regulations were in place and in date. Required notifications were appropriately submitted to the office of the Chief Inspector.

#### Regulation 14: Persons in charge

The office of the Chief Inspector had been notified as required of a recent change of the person in charge in the centre. The person in charge was full time in post and had the necessary experience and qualifications as required in the regulations. They were actively engaged in the governance and day-to-day operational management of the service. They were knowledgeable about the regulations and about their statutory responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing



From review of the roster, speaking with staff and residents, it was evident that the staff complement and skill-mix was adequate to meet the care needs of the 58 residents living in the centre on the day of inspection. There were two registered nurses on duty, day and night. Ongoing recruitment was evident to maintain staffing levels and newly recruited staff were supernumerary during their induction.

Judgment: Compliant

### Regulation 16: Training and staff development

Training in the centre was well monitored and staff were provided with both face-to-face and online training. A comprehensive training matrix was made available to the inspectors and demonstrated up-to-date training for staff in areas such as fire safety, manual handling and safeguarding vulnerable adults. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

### Regulation 21: Records

A sample of four staff files reviewed showed that they met the requirements of Schedule 2 of the regulations. Assurances were provided that Garda vetting was in place for all staff prior to commencement of employment in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems required improvement to ensure that the service provided was safe, appropriate and effectively monitored. For example:

- infection prevention and control audits undertaken in the centre did not identify aspects of infection control that required action
- improved oversight and audit of care planning was required to ensure care plans were completed to the required standard
- effective management systems were required to ensure oversight of fire precautions as outlined under Regulation 28: Fire precautions
- the provider had not implemented the compliance plan submitted following the previous inspection in relation to Regulation 27: infection control.

Oversight of risks to residents required action as evidenced by the following risks identified during the inspection:

- a number of bed rail holders were on beds that did not have bedrails and were a risk of skin tears should a resident hit against them
- equipment such as a vacuum cleaner and a UV light machine were located on stairwells that could impede emergency escape routes.

These risks were addressed by the management team by the end of the inspection.

Judgment: Substantially compliant

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

The inspectors viewed a sample of contracts of care which contained details of the service to be provided and any additional fees to be paid. They also contained the number of the room to be occupied.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements. These policies were updated by the provider as required and were available to staff in the centre.

Judgment: Compliant

### Quality and safety

In general, inspectors found that residents living in Rosenalee Care Centre were provided with a good standard of care by kind and dedicated staff who were responsive to their needs. Residents' health and social care needs were well met through good access to health care services and a good programme of social activities. However, action was required in relation to care planning, infection control and fire precautions, as detailed under the relevant regulations.

A sample of residents' care planning documentation was reviewed. Care plan goals for residents were clearly outlined. Validated risk assessments were in place to enable staff to assess residents' care needs. However, some assessments were not comprehensively completed to adequately inform the care planning process. The inspectors saw that care plans were not consistently updated following changes in the residents condition, these and other findings are outlined under Regulation 5, Individual assessment and care plan.

From a review of residents' records, it was evident that residents had good access to general practitioners and to other health and social care professionals such as physiotherapists, speech and language therapists and dietitians. The inspectors saw that wound care assessments and treatments were well recorded where required.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration was observed to be completed in line with best practice professional guidelines. Controlled drugs were maintained in line with professional guidelines. Nonetheless, issues were identified in the documentation of discarded medication and this was further discussed under Regulation 29, Medicines and pharmaceutical services.

The nutritional status of residents was monitored through regular weights and nutritional assessments. Documentation reviewed showed that monthly weights were completed and referrals made to the appropriate allied health professional to enable better outcomes for residents where required. There was sufficient staff available at mealtimes to assist residents with their meals. Inspectors observed that residents were provided with a choice of nutritious meals at mealtimes that appeared varied and wholesome. The inspectors saw that the majority of residents enjoyed a sociable dining experience in the centre's two dining rooms, however areas for improvement in relation to the serving and timing of the lunchtime meal were outlined under Regulation 18 Food and Nutrition.

The principles of a restraint-free environment were promoted. Alternatives to restraint were readily available and different interventions were trialled to enable better outcomes for residents while promoting their independence and dignity.

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. However, some improvements were required in relation to the adequacy of privacy curtains in a number of the twin rooms in the centre to ensure residents privacy and dignity could be maintained. This and other findings were outlined under Regulation 17: Premises.

The inspectors saw that residents' bedrooms and communal spaces were visibly clean on the day of inspection and the centre had adequate cleaning resources to ensure same. The housekeeping supervisor maintained cleaning schedules for environment and equipment and frequently touched surfaces. Housekeeping staff used colour coded cloths and mop heads were changed for each room. Staff who spoke with the inspectors were clear regarding what products were used for outbreak management and for regular environmental cleaning. Repeat findings with regard to infection control practices were found in relation to inappropriate storage of the cleaning trolley and hand hygiene signage. These and other findings were outlined under Regulation 27: Infection control.

Fire fighting equipment was located throughout the building. Fire safety systems were supported by a fire safety policy. The fire safety alarm and extinguishers were serviced when required and records were available for inspection. Daily and weekly checks were recorded. New floor plans were displayed which outlined compartments for safe horizontal evacuation in the centre. While regular fire training occurred in the centre where fire drills were conducted, simulation of evacuation of the largest compartments in the centre with minimum staffing levels had not occurred in 2023. Therefore the provider could not be assured that residents could be safely evacuated should a fire occur. These and other findings were detailed under Regulation 28 Fire precautions.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors and these were not restrictive. There was adequate private space for residents to meet their visitors. The inspectors saw that there were numerous visitors attending the centre at various times throughout the day and met with their visitors in their rooms, in communal spaces or in the courtyard during the day.

Judgment: Compliant

### Regulation 17: Premises

The inspectors found that while many of the findings in relation to premises had been addressed since the previous inspection, the following required action:

- the privacy curtains and rails in two of the twin rooms inspected did not ensure that residents' privacy and dignity could be maintained at all times
- a grab rail on one of the corridors was chipped and broken and required repair or replacement
- the inspectors observed that closed circuit television (CCTV) in use monitored the library and day room where it had the potential to intrude on residents'

privacy.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Improved oversight of meals and mealtimes was necessary to ensure residents were served appropriately, as follows:

- the lunch time meal started early at 12:05hrs, rather than the expected time of 12.30hrs, this early serving of lunch could result in an unnecessary longer gap between mealtimes for residents
- desserts were seen to be stored uncovered and an inspector saw that ice cream was melting by the time it was served to residents
- the lunch time meal was not protected, to ensure it was conducive to a sociable dining experience, as medications were administered to residents during this time.

Judgment: Substantially compliant

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

Copies of transfer letters were maintained on site for occasions when residents were temporarily transferred to hospital to ensure residents could be cared for in line with their assessed needs. The person in charge ensured that upon residents' return, discharge information was available to enable the resident to be cared for in accordance with their changed needs.

Judgment: Compliant

### Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. There was a major emergency plan in place for the centre should a major incident occur. Risks identified during the inspection were outlined under Regulation 23, Governance and management.

Judgment: Compliant

## Regulation 27: Infection control

Inspectors found that the registered provider had not ensured that all procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff in the centre. This presented a risk of cross infection in the centre. Furthermore the inspectors found that the compliance plan submitted by the provider in relation to infection control for the previous inspection had not been implemented:

- surveillance of residents infection status and history was not routinely undertaken and recorded as recommended in the National Standards. There was some ambiguity among staff and management regarding which residents were colonised with MDROs or at risk of recurrent infection and care plans were not consistently available where required. This meant that appropriate precautions may not have been in place to prevent ongoing spread and potential infection when caring for residents. The person in charge agreed to review this immediately following the inspection
- as found on the previous inspection, hand hygiene signage required improvement to prompt staff to practice hand hygiene effectively: this was addressed by the person in charge during the inspection
- waste management required review as a number of bins for disposal of paper following hand hygiene were not hands free and risked staff contaminating their hands when disposing of paper towels
- one of the centre's cleaning trolleys and cleaning mop heads was inappropriately stored in one of the dirty utility rooms which increased the risk of cross contamination throughout the centre; this was a repeat finding from previous inspections and the provider assured the inspectors that this would be immediately addressed,
- there was inappropriate storage of clean supplies such as paper towels and gloves in a staff toilet, these were removed by the person in charge during the inspection. Clean towels and paper products were inappropriately stored in shared bathrooms which increased risk of contamination; these were also removed by the person in charge
- the inspectors saw that a urinary catheter holder and a bed pan were inappropriately stored on the floor in one of the utility rooms
- dispensers containing alcohol gel were topped up and refilled. Disposable single use cartridges or containers should be used to reduce the risk of contamination.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Simulations of evacuations of compartments were not completed to be assured that

all staff could complete an evacuation in a timely and safe manner. Considering that the centre had experienced an increased turnover of staff in the centre, this was necessary so that the provider could be assured that residents could be evacuated in a safe manner in the event of a fire in the centre. The provider assured the inspectors that this would be undertaken following the inspection.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Records maintained in the centre did not have a designated record for recording discarded or unused medication when administering controlled drugs. This was required in lined with best practice professional guidelines.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of care plans it was evident that action was required in relation to the following issues in assessment and care planning:

- care plans were not consistently updated to reflect changes in a resident's condition
- while care plan goals were specific to residents care needs, the care plans were generic
- in relation to residents preferences for food and nutrition, while care plans reflected residents preferences in relation to breakfast, preferences for lunch and tea were not included
- one care plan reviewed did not reflect a resident's end of life preferences even though there was evidence of discussion and consultation with medical staff, the resident and their family
- residents' care plans required review to ensure that resident's current health-care associated infection status and history were recorded so that appropriate care could be provided to residents should an infection occur.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents living in the centre had good access to general practitioners who attend

the centre regularly. From a review of health care records, it was evident that residents who required review by allied health care professionals such as dietitian, speech and language therapist received it. A physiotherapist was onsite on the day of inspection providing assessment and treatment to residents. Nurses had access to expertise in tissue viability when required.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors found that in general, residents' rights and choices were promoted and respected in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. There were two activities staff employed in the centre who facilitated a varied and stimulating activities programme for residents. Mass was held in the centre regularly. Residents had access to media and aids such as newspapers, radio, televisions, telephone and internet access were also readily available. Residents had access to advocacy services.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rosenalee Care Centre OSV-0000277

Inspection ID: MON-0039569

Date of inspection: 23/05/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Infection prevention and control audit has been reviewed and updated            Infection control nurse will be appointed and appropriate training will be provided            PIC and ADON will ensure that care plans are person centered and reviewed in a timely fashion            Care planning and assessments audit reviewed and updated            Care plan guideline issued            Bed holders removed</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>General Manager has arranged for new privacy curtains and new railings to be installed            Grab rail has been replaced since inspection            CCTV in library and day room has been disabled</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and</p>	

nutrition:  
 Supervision of mealtimes and dining experience. The PIC will ensure that mealtimes are protected and will review the timing of medication administration to avoid interrupting residents' meals  
 PIC met with both chefs and highlighted expected times for meals throughout the day also food storage has been discussed mobile refrigerator and hot holding cabinets will be used  
 Supervision of mealtimes

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
 Infection prevention and control audit has been reviewed and updated  
 Infection control nurse will be appointed and appropriate training will be provided  
 All resident's medical history records have been reviewed and MDRO register updated in the care monitor system. This has been communicated to all staff to ensure that they are aware of the precautions needed. Staff will be educated on the signs and symptoms to look for should a resident with a dormant infection become active again.  
 General Manager has organized order of pedal operated bins waiting for delivery  
 A review of all storage within the facility will be undertaken by head of housekeeping and General manager to ensure all supplies are stored appropriately

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 Fire drills with evacuation practice including day and night simulation will take place weekly.  
 Site specific fire training in place

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

pharmaceutical services: Nurses meeting took place post inspection all nurses familiarized with protocol	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plan guidelines has been issued to all staff nurses Protected time for care planning and evaluation will be given to all staff nurses DON and ADON will upskill in coming weeks New care plan audit in place	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/07/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	06/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	30/09/2023

	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	31/08/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from	Substantially Compliant	Yellow	10/07/2023

	<p>other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.</p>			
Regulation 5(4)	<p>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.</p>	Substantially Compliant	Yellow	30/09/2023