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 Martha's Nursing Home
Name of provider:	Elder Nursing Homes (Charleville) Limited
Address of centre:	Love Lane, Clybee, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	07 February 2025
Centre ID:	OSV-0000291
Fieldwork ID:	MON-0045084

About the designated centre

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

St. Martha's Nursing Home is a purpose built, single storey premises set back from the main road on the outskirts of Charleville, Co. Cork. The centre provides accommodation for up to 36 residents in twenty two single and seven twin bedrooms. Thirteen of the single bedrooms and two of the twin bedrooms are en suite with shower, toilet and wash hand basin. The remaining bedrooms are equipped with a wash hand-basin facility. The centre accommodates both female and male residents for long-term care and also facilitates short-term care for residents requiring convalescence, respite and palliative care. The centre caters for residents assessed as low, medium, high and maximum dependency. There is an internal courtyard which is accessible to residents that wish to spend some time in the open air.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35

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
Friday 7 February 2025	09:00hrs to 17:00hrs	Siobhan Bourke	Lead
Friday 7 February 2025	09:00hrs to 17:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

This unannounced inspection, took place over one day, by two inspectors of social services. The purpose of this inspection was to monitor the care and welfare of residents living in the centre and to follow up on the completion of required premises works, to bring the centre in to compliance with the regulations. Inspectors met with many of the 35 residents, who were living in the centre and spoke with eight residents in more detail. The inspectors also met with five visitors during the inspection. The overall feedback from residents was that St. Martha's Nursing Home was a nice place to live and that staff were kind and caring to residents. A resident told an inspector that the staff were " brilliant here". However, inspectors had concerns about the governance and management of the centre, as outlined further in this report.

St. Martha's Nursing Home is a single storey building, located near Charleville town and is registered to accommodate 36 residents. Accommodation in the centre is in two units, side A and side B, with seven twin rooms and 22 single rooms. Thirteen of the single rooms and two of the twin rooms had en suite shower and toilet facilities, while the remaining rooms had wash hand basin facilities only. The centre also had an assisted bathroom and toilet and two assisted shower rooms with toilet facilities. Many residents' bedrooms were personalised by residents and the inspectors saw that they were clean. Some new chests of drawers and wardrobes had been purchased in some residents' bedrooms. The inspectors saw that paintwork and skirting in a number of bedrooms was chipped and worn and required attention; this is discussed further in the report.

Residents had access to two day rooms that were separated by an archway, a dining room and a bright sun room. Communal rooms were nicely decorated and had televisions, home style dressers and lamps that gave the rooms a homely feel. The inspector saw that the majority of residents used the two day rooms during the day. However, flooring in the day rooms were worn and torn and required replacement or repair. While flooring on one of the centre's corridors had been replaced, in the weeks prior to the inspection, part of the flooring on the other corridor was worn, cracked and secured with tape. Flooring in the day room and sun room was also worn and cracked. The inspectors saw that a number of call bell leads were missing from residents' bedrooms so that they were not within easy reach of residents.

The inspectors saw that there were two cleaning staff rostered on the day of inspection and they were knowledgeable regarding cleaning processes and outlined to inspectors how bedrooms were cleaned every day and deep cleaned regularly. While equipment for residents' use appeared clean, the inspectors saw that the bedpan washer was not in working order and it was reported that staff were manually decontaminating equipment, which is not in line with best practice. The extractor fan in the centre's sluice room was not working resulting in a malodour in this room. This is further outlined under Regulation 27; Infection Control.

The inspectors observed the dining experience at lunch time and saw that it was a sociable dining experience. Residents gave positive feedback regarding the choices available for their meal, whereby lasagne or chicken curry were served on the day. Many of the residents told the inspectors that the curry was "very good." The dining area was bright and the tables were nicely decorated. Residents who required assistance were provided with this in a respectful and unhurried manner. A small number of residents chose to eat in the day room or in their bedrooms. Residents who required supervision with eating and drinking, were observed to have this, on the day of inspection.

There were many visitors coming and going to the centre on the day of inspection and visitors and residents confirmed that visiting was unrestricted in the centre.

It was evident to inspectors, that staff were aware of residents' preferences and dislikes and knew the residents well. Residents confirmed to the inspectors that they felt safe in the centre. Staff were observed to knock on bedroom doors before entering and warmly greeted residents and visitors during the day. A visitor from a local community group, brought a pet dog, who was well known to residents, and visited and chatted with many of the residents in the day room.

During the morning, a group of residents were getting ready to head off down the town with staff for a scheduled coffee morning. They returned just before lunch and told the inspectors they had a "great morning." In the afternoon, a musician attended the centre and a few of the residents, who were great singers, sang old time favourites accompanied by the musician. Staff and two of the residents took to the floor and did an old time dance together, which appeared to be good fun. There was a schedule of activities led by the centre's activity co-ordinator available for residents and many of the residents told the inspectors how they enjoyed attending these. Mass was celebrated in the centre each week.

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

Capacity and capability

This was an unannounced inspection, carried out over one day by two inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also reviewed the actions taken, to address the findings of the previous inspection in June 2024, which identified non-compliance in relation to governance and management and premises, and substantial compliance in relation to infection control.

While it was evident to inspectors that work had commenced in the centre in relation to premises; such as replacement of some bedroom furniture and flooring in

one of the centre's corridors, the inspection found that the registered provider had failed to action the compliance plan submitted, within the proposed time lines. Availability of resources available from the registered provider in relation to ensuring the upkeep of the centre remained a concern.

Elder Nursing Homes Limited (Charleville) is the registered provider for St. Martha's Nursing Home. The registered provider had designated operational management of the centre to Mowlam Healthcare Services Unlimited Company, who was notified to the office of the Chief Inspector as a change of person participating in management for the centre from Complete Healthcare Services Ltd in January 2025. There was a clearly defined management structure in place at an operational level, with clear lines of authority and accountability. The person in charge for the centre was full time in position and was supported in their role by a full time clinical nurse manager and reported to a healthcare manager and director of care services within the Mowlam Healthcare Services management structures.

Inspections of the centre since 2022, have found that the provider had failed to ensure that the premises were kept in a good state of repair to ensure a safe environment for residents. Following an inspection of the centre in June 2024, a restrictive condition was attached to the registration of the centre in August 2024. This condition required that the registered provider shall take all necessary action to ensure that the premises of the designated centre is appropriate to the number and needs of residents and that they are kept in a good state of repair externally and internally by 31 October 2024. An application to vary this condition was requested by the provider and granted under Section 52 of the Health Act, to allow more time for these works to be completed by 31 January 2025. This inspection found that required works had not been completed by the provider within the agreed time lines. Consequently, the provider was in breach of a condition of registration, which related to the premises. This is outlined under Regulation 23 Governance and management.

The registered provided had failed to notify the office of the Chief Inspector of a change of company address in January 2025, as required under Registration Regulation 6; Changes to information required for registration purposes.

The fire safety management plan included that the centre would conduct a fire safety risk assessment and it set out the requirements of that assessment. This assessment was not available, however, management committed to arranging for a competent person to complete the fire safety risk assessment following this inspection.

There was a sufficient number and skill mix of staff on duty on the day of inspection to support the residents' needs and in relation to the layout of the building. It was evident to inspectors that staff were supported to attend training appropriate to their role. The person in charge monitored the uptake of mandatory training. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control.

The management team had effective systems to monitor the quality and safety of the service through auditing and collection of key performance indicators (KPIs) such as falls, restraints, infections, antimicrobial usage, residents' weights, pressure ulcers, medication errors and complaints for example. This information was monitored by the management team and reviewed and actioned through the centre's governance and management structures, such as the monthly quality and safety meeting. There was a schedule of audits in place to monitor key risks to residents such as infection control, falls management, medication management and health and safety. From a review of audit records maintained in the centre, it was evident that premises issues impacted on compliance with audit standards in relation to infection control and falls management as outlined under Regulation 23 Governance and management.

The person in charge ensured regular communication with the care team, through formal meetings and at safety pause meetings during shifts.

The centre's complaints procedure was prominently displayed and accessible to residents and their relatives. Complaints were investigated in line with the centre's own policy.

Based on a review of the electronic accident and incident log, notifications required to be submitted to the Chief Inspector were submitted within the specified time frames.

Registration Regulation 6: Changes to information supplied for registration purposes

The provider failed to notify the Chief Inspector of a change of the registered provider company's address as required in the registration regulations.

Judgment: Not compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 35 residents living in the centre, on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training in both face-to-face and online formats. Staff were appropriately supervised in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and contained the required information required in line with the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the service was inadequately resourced to ensure the maintenance and upkeep of the centre as outlined under Regulation 17; Premises.

Inspectors found that the provider failed to ensure that the management systems in place ensured compliance with the regulations as evidenced by the following;

- The provider failed to notify the office of the Chief Inspector of change of address of the provider as required under the Registration regulations.
- The provider was in breach of a condition of registration following failure to complete the compliance plan submitted following the previous inspection in June 2024, resulting in repeated non-compliance with Regulation 17.
- A fire safety risk assessment, in line with the centre's fire safety management plan, was not completed.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames outlined in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was displayed in the centre. A records of complaints was maintained in the centre, in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that residents' health and social care needs were well met, through good access to health care services and residents received person-centred care. However, the impact of the inadequate resources available for service delivery by the provider directly impacted on the provision of safe care for residents. Action was required in relation to premises, fire precautions and infection control as outlined under the relevant regulations.

Residents had timely access to general practitioners from a local practices and a physiotherapist was on site every week, to provide assessments and treatment to residents. There was evidence of appropriate referral to and review by health and social care professionals where required. Each resident had a nutritional assessment completed using a validated assessment tool. Residents were weighed regularly and any weight changes were closely monitored.

An inspector reviewed a sample of records and saw that validated assessment tools were used to support the development of care plans for residents. Each resident had a care plan in place, that was developed following assessment of clinical risks to residents using validated tools. Residents care plans were updated at intervals in line with the regulations and with the changing needs of the resident. However, from a review of a sample of care plans, while many of the care plans reviewed were person centred and detailed, action was required to ensure that residents' care plans were in line with residents assessed needs as outlined under Regulation 5; Individual assessment and care plan.

The inspectors saw that staff were provided with training on how to respond and manage behaviour that is challenging and were observed to interact with residents in a person centred and respectful manner during the inspection. There were no bedrails in use in the centre and the provider promoted a restraint free environment in line with national policy.

The clinical nurse manager working in the centre was assigned as the clinical lead for infection prevention and control and had completed the link nurse course as

recommended in the national standards. There was good resources available for cleaning in the centre and inspectors saw that residents' bedrooms and communal areas were visibly clean. Residents confirmed that their rooms were cleaned daily. However, the inspectors saw that the bedpan washer was not in working order on the day of inspection and therefore decontamination processes were not in line with guidelines.These and other findings are outlined under Regulation 27: Infection control.

Personal emergency evacuation plans were in place for each resident and inspectors saw that they were displayed in resident's wardrobes and updated four monthly or if a resident's condition changed. Fire safety training was provided to staff annually in the centre and staff spoken with relayed a consistent response regarding the procedure to follow in the event of a fire. Bedroom doors were sufficiently wide to enable escape and there was a sufficient number of escape routes and exits. The alternative means of escape from the large day room required review; this and actions relating to fire precautions are discussed further under Regulation 28: Fire Precautions.

The inspectors found that residents' rights were supported and promoted by management and staff working in the centre. Residents had access to independent advocacy. Residents had access to a varied programme of activities that were available seven days a week. These were led by the activities co-ordinator. These included arts and crafts, bingo, quizzes, card games and board games. An exercise class led by a physiotherapist was also held weekly. During the morning of the inspection, a group of residents went out of the the centre for a coffee morning with staff, which they told inspectors they thoroughly enjoyed. External musicians also attended the centre every Friday and on the day of inspection, a lively sing song, dance and music session with residents and musician singing along was enjoyed by staff and residents. Meetings were held with residents and records reviewed showed a good attendance from the residents. There was evidence that residents were consulted about the quality of the service, food choices and activities. Residents had access to local and national newspapers,TV radio and the internet. However, a number of call bells were broken or did not have leads to ensure residents could easily call for staff as outlined under Regulation 9; Residents rights.

Regulation 10: Communication difficulties

The inspectors saw that residents who required assistance with their communication needs were supported by staff and their requirements were reflected in care plans reviewed.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents each had a lockable space to store their belongings, if required. Residents clothes were laundered regularly and the provider had a system in place to ensure residents' laundry was returned to them.

Judgment: Compliant

Regulation 17: Premises

Action was required by the provider to ensure compliance with Regulation 17 and Schedule 6;

- the programme of replacing floor covering to some areas was not yet complete
- paint on some walls, door frames and skirting boards was chipped and damaged
- support rails were provided to one side of the circulation corridors only
- the bedpan washer was out of order; the provider was awaiting a part and was due to be repaired the following week
- the call bell wire was not fitted to a number of call bell units; the call bell wire makes the call bell accessible from the residents bed
- a number of bed tables were damaged and not steady
- the call bell for the smoking area was not connected to the main call bell panel and was only sounded in the nurse office. This created a risk of the call bell not being heard or responded to in an emergency if the nurse office was not occupied.
- the position of the privacy curtain in some twin rooms resulted in one bed space not being afforded adequate usable and private space for the resident and should be reconfigured.
- the toilet in one bedroom was leaking; this was reviewed by a plumber on the day of inspection and it was confirmed to the inspectors that this would be replaced
- there was a crack on the wall of one bedroom which also continued to the ceiling; this requires investigation to ensure it is not a structural issue

- refuse bins were not in the dedicated refuse compound and were found in a number of locations, including outside the window of a residents ensuite; this may result in malodour emanating into a resident's bedroom.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspectors saw that residents were offered a choice of courses for the lunch time meal and evening meal and many residents gave positive feedback regarding the quality and variety of food provided. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. It was evident that residents who required review by a dietitian or a speech and language therapist were referred and assessed in a timely manner.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that the registered provider had not ensured that some procedures were consistent with the National Standards for infection prevention and control in community services (2018). The following findings required action;

- the bedpan washer was out of order and awaiting replacement of a part, this resulted in staff manually decanting and cleaning equipment which was a risk of cross contamination.
- The inspectors saw a number of worn surfaces in the ancillary rooms therefore they could not be effectively cleaned. The exterior of a pressure cushion was also worn and cracked.

- grouting in showers in a number of residents' bedrooms were stained and required cleaning.

Judgment: Not compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions:

- fire doors were found to be propped open by means other than the device fitted to the door which would release on activation of the fire alarm. For example, there was a door fitted with an acoustic release door holder. The door was propped open by the device holder and would not release when the alarm activated.

The arrangements for providing adequate means of escape including emergency lighting were not effective:

- the alternative escape from the large day room and Rose Day room was through one of two doors into the conservatory and subsequently the final exit from the conservatory. These doors would not be of adequate width for larger mobility equipment or chairs
- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety. There were emergency lights over each exit, however this would not be sufficient to safely guide residents and staff to the assembly point if the power in the building failed
- the provision of exit signage was not adequate; a number of compartment doors had escape signage to one side of the door only and in some corridors, there was a lack of visible escape signage to direct occupants towards the next compartment or exits
- external escape routes were not adequate; an exit to the rear led to a path and from there required egress across an uneven gravel surface which would not be conducive for mobility aids or evacuation aids
- the assembly point should be reviewed, as it was positioned in a location which would be on the route where the fire service would enter the site
- one leaf of the exit door from the conservatory was getting caught on the door threshold.

The arrangements for maintaining fire equipment, means of escape, building fabric and building services were not effective:

- fire doors were not being maintained in good working order, for example; there was a hole in the door where a lock was removed, some double doors did not align and gaps around doors were evident

- the periodic inspection report for the electrical installation, identified requisite work to the electrical installation and there was no documentation to verify if this was complete
- there was evidence that the emergency lighting and fire detection and alarm systems were being serviced at the appropriate intervals, however not all the quarterly service reports and annual certificates were available for review
- there was no record of the service and inspection of the gas installation in the building.

The measures in place to contain fire were not adequate. Fire containment in the centre required assessment, for example;

- assurance was required regarding the integrity of fire containment, in particular fire compartment boundaries in the building, to ensure the safety of residents during evacuation
- there were service penetrations through fire resisting construction which were not adequately sealed up, particularly in the ceiling where lighting units had been replaced
- ceilings throughout had recessed light fittings and attic hatches, which compromised the fire containment of the ceilings
- the sluice room appeared to have been previously a bathroom which may have had lower fire containment requirements; assurance is required that the enclosure to the sluice room affords adequate containment of fire for the risk within the room
- while fire doors were provided throughout, deficits were impacting fire containment, for example, there were excessive gaps to the bottom of some fire doors, there was no automatic door closer to the nurse office or linen room.

The arrangements for detecting fire and giving warning of fire required action;

- a drawing showing the fire alarm zones was not displayed adjacent to the fire alarm panel
- there was a fault displaying on the fire alarm panel; this related to an external building on the site, however still required action
- there was a lack of clarity regarding the fire detection and alarm system; while some service reports system indicated it to be an L2/L3 type system others indicated an L1 system; nursing home use requires an L1 fire detection and alarm system, which relates to the areas covered by fire detection.

The measures in place to safely evacuate residents, staff knowledge and the drill practices in the centre required action:

- the inspectors reviewed fire drill records available. While they were frequent, some simulated the evacuation of just one resident they did not provide assurance that a full fire compartment could be evacuated in a reasonable time with the staff resources available, as a simulated drill in this regard had not been practiced to test the evacuation procedure

- the inspectors observed some beds where the ski sheets, as identified in the residents personal emergency evacuation plan (PEEP), were not correctly fitted to the mattress. This may lead to delay during evacuation
- there was a lack of clarity regarding staff knowledge on the procedure to follow if a resident's clothes catches fire.

The procedures to follow in the event of a fire were displayed in the reception, however there was a number of versions displayed with some conflicting information. Furthermore, there were varying evacuation floor plans displayed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were reviewed and these showed mixed findings. Some were personalised and detailed to inform individualised care, while others did not have this detail and required action to enable staff provide individualised care. For example:

- in one record reviewed, a resident's skin condition was not reflected in the care plan to direct resident's care
- a section of a care plan with reference to safeguarding was generic and not relevant to the resident's care needs.

Judgment: Substantially compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Restrictive practices were monitored by the management team and there was evidence of use of alternatives to bed rails such as low low beds and crash mats in use in accordance with best practice guidelines. There were no bedrails in use in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure that residents' rights to call for assistance were upheld as a number of call bells in the centre were broken or did not have leads within easy reach of residents.

Judgment: Substantially 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 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Martha's Nursing Home OSV-0000291

Inspection ID: MON-0045084

Date of inspection: 07/02/2025

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**
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: • Since the inspection, the Registered Provider has submitted a notification to the Chief Inspector with a change of the Registered Provider's company address.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Provider will ensure that the Office of the Chief Inspector has the correct address on file. This was completed on 28/02/2025. • The compliance plan was completed as a matter of priority on 28/02/2025. • A Fire Safety Risk assessment was carried out on 12/03/2025. The formal report of this assessment is expected on 12/04/2025.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

• The programme of works to replace floor covering was completed on 25/02/2025.
• The decorative upgrade and painting of corridor A walls and doors, dayroom, conservatory, dining room, handrails and skirting boards was completed on 22/02/2025.
• The bedpan washer was repaired on 10/02/2025 and is fully operational.
• The Person in Charge (PIC) reviewed all residents' rooms and replaced call bells as required.
• The bed tables that were damaged have been removed and replaced.
• We will ensure that the call bell in the smoking area is audible within the centre by extending the sounders of the existing call bell to ring at DON Office and Nurses' Station in the centre.
• The PIC will review all shared rooms to ensure the privacy curtain affords each resident adequate usable/private space. This will be discussed with residents and, if reconfiguration is required, residents' consent will be obtained, and the rooms will be reconfigured.
• The leaking toilet in the resident's room has been replaced.
• The crack in the bedroom wall has been reviewed and this will be repaired and painted by the Facilities team.
• Refuse bins were moved to a dedicated refuse compound on 10/02/2025. Maintenance staff will monitor to ensure appropriate location of bins.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The PIC will ensure that the sluice machine is maintained in working order; the repairs to the machine were carried out on 10/02/2025.
• The PIC/CNM (Clinical Nurse Manager) will monitor staff practices to ensure that bedpans are emptied and cleaned in accordance with HPSC guidelines and the centre's Infection Prevention & Control policies and procedures. The CNM, who is the designated IPC lead in the centre, will ensure that all staff have up to date IPC training and that they understand the importance of appropriate operation of the sluice machine and how to avoid risks of cross contamination.
• The PIC has reviewed all furnishings in the centre and any chairs / cushions found to be torn or damaged have been removed and replaced with new items.
• Painting and repairs have been completed to all damaged surfaces so that these areas can be effectively cleaned.
• A deep cleaning of residents' bathrooms has been completed, paying particular attention to grout between tiles. The PIC will monitor ongoing practices as part of daily walkabout and will discuss findings with housekeeping staff when identified and at monthly Management Meetings.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The Provider will ensure that acoustic hold open devices are removed from all doors and free swing door closure devices will be installed in their place thus ensuring doors release on activation of the fire alarm.
• A Fire Risk Assessment (FRA) has been carried out by a Fire Consultant that includes a review of:
· Alternative escape routes
· Emergency lighting
· Exit signage
· External escape routes
· Location of assembly point
We await the formal report from the Fire Safety Consultant and when this is received, we plan to develop a programme of works and associated timelines for completion by 30/06/2025.
• Drop seals will be fitted to doors as required and repairs to damaged doors will be completed. A free swing door closer will be installed to the nurses' office and linen room; those doors with gaps will have drop seals installed.
• A review of all service documentation will be completed to ensure all necessary Certifications are in place and up to date. The PIC will monitor the provision of certifications and ensure they are in place.
• We will review the findings of the FRA in relation to integrity of fire compartments/containment when the formal report has been issued and will develop a programme of works to address these issues within appropriate timelines, if indicated.
• An updated drawing showing fire alarm zones will be displayed beside the fire alarm panel.
• Replacement of Smoke Head in external Cleaners' Store has been completed and faults removed from the system. We can confirm that the system is an L1 system.
• Fire Drills with 9 residents and 3 staff have been completed and will continue weekly to ensure a reasonable evacuation time can be achieved while simulating night-time conditions. Fire drills will be evaluated and learning outcomes will be identified to improve the fire safety practices in the centre.
• The PIC has completed a review of all PEEPs (Personal Emergency Evacuation Plan) for accuracy on 07/02/2025, and all beds have been checked to ensure that ski sheets are fitted correctly. The PIC will monitor as part of daily walkabout audit.
• The PIC will ensure that all staff are aware of appropriate procedures to follow in the event that a resident's clothing should catch fire. This will also be addressed as part of Fire Training and annual refresher updates and will be discussed at quarterly staff meetings.
• The PIC will ensure that all documentation relating to fire is of the same version and displayed throughout the centre.

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:
• The PIC will complete a comprehensive review of care plans to ensure they are personalised and sufficiently detailed to inform individualised care.
• The PIC will ensure that resident care plans are updated to reflect the assessed care needs of the residents. For those residents with actual/potential skin integrity issues, the PIC will ensure that appropriate assessments are carried out and an individualised skin integrity care plan will be developed to ensure that the care interventions are appropriate.
• The PIC will ensure that resident care plans are reviewed and updated to reflect any potential Safeguarding issues based on the individual resident's specific current care needs. This information will also be shared at Daily Handover and Safety Pauses.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The PIC has completed a comprehensive review of call bells in the centre:
• All missing / faulty call bells have been replaced and have been checked to ensure they are in good working order.
• The PIC will monitor the location of call bells in residents' rooms during daily walkabout to ensure residents have easy access to same so that they may call for assistance if required.
• Staff will be advised at Daily Handover to ensure that all residents have easy access to a functioning call bell.

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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	28/02/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Not Compliant	Orange	30/06/2025

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	31/05/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	28/02/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Substantially Compliant	Yellow	31/03/2025

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2026
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	30/06/2025
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	Substantially Compliant	Yellow	30/06/2025

	the clothes of a resident catch fire.			
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.	Not Compliant	Orange	30/06/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2025
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	30/06/2025
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	30/06/2025
Regulation 28(3)	The person in charge shall ensure that the procedures to be	Substantially Compliant	Yellow	30/06/2025

	followed in the event of fire are displayed in a prominent place in the designated centre.			
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	31/03/2025
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	31/03/2025