



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

## Issued by the Chief Inspector

Name of designated centre:	St. Theresa's Nursing Home
Name of provider:	Camillus Healthcare Limited
Address of centre:	Dublin Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	17 August 2022
Centre ID:	OSV-0000434
Fieldwork ID:	MON-0037391

## About the designated centre

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

St. Theresa's Nursing home was established in 1980 and is located on the outskirts of the town of Thurles in close proximity to shops, restaurants and other facilities. It is a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Accommodation on the first floor comprises ten single bedrooms. Two of the bedrooms on the first floor have full en suite facilities with toilet, shower and wash hand basin and all of the other bedrooms have a wash hand basin. Access to the first floor is by stairs and chair lift.

Accommodation on the ground floor comprises 16 single bedrooms. There are three assisted bathrooms on the ground floor, each of which have an assisted shower, a toilet and a wash hand basin and a separate toilet with hand basin. There is a dining room adjacent to the kitchen on the ground floor. Communal space consists of two sitting rooms and a separate room that can be used by visitors. There is also a nurses' office on the ground floor that is located in close proximity to the communal living rooms. The provider is a company called Camillus Healthcare Limited. The centre provides care and support for both female and male residents aged 18 years and over. Residents 50 years and over with dementia and or a physical disability can also be accommodated. Care is provided for residents over age of 50 years requiring convalescent, respite and palliative care. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and / or the acute hospital, staff in centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

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

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 17 August 2022	09:30hrs to 17:30hrs	John Greaney	Lead
Wednesday 17 August 2022	09:30hrs to 17:30hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

Throughout the one day of this inspection, inspectors met and spoke with a large number of residents, mostly in communal rooms but also in their bedrooms. Overall, the feedback from residents was positive, both about the care delivered and the kindness of staff. The inspectors met a visitor who was also very complimentary about the care in the centre.

After an opening meeting with a clinical nurse manager (CNM) and a staff nurse, inspectors took a tour of the centre and were accompanied by a CNM for part of the tour. St. Theresa's Nursing Home is a two storey premises, with bedroom accommodation on both floors. The centre comprises 26 single bedrooms, ten of which are on the first floor and sixteen on the ground floor. Previously, five of the bedrooms on the first floor and four of the bedrooms on the ground floor were twin bedrooms, but due to changes in the regulations, these rooms no longer met the minimum space requirements for two resident from 01 January 2022. These bedrooms were now single occupancy. All communal space is on the ground floor and comprises two sitting rooms, a visitors' room and a dining room. The first floor can be accessed via stairs and chair lift. There is no elevator and as a result, only residents assessed as being low to medium dependency can be accommodated on the first floor. Once on the first floor, there are two additional steps leading to a wing containing four bedrooms. Two of the bedrooms on this wing have en suite shower and toilet facilities. The remaining eight bedrooms on this floor share a bathroom containing a shower, toilet and wash hand basin. The sixteen bedrooms on the ground floor share three bathrooms, each with shower and toilet facilities.

While the centre provided a homely environment for residents, a number of maintenance issues required attention. For example, the veneer on the wood surround of some wash hand basins in residents' bedrooms was damaged and therefore could not be cleaned effectively. The garden furniture in the external courtyard required painting and there was moss growing between the flagstones in the courtyard. Despite the infrastructural and maintenance issues a good standard of environmental hygiene was observed in resident and communal areas on the day of inspection. Ample supplies of PPE were available. Appropriate use of PPE was observed. Alcohol hand gel was readily available along corridors for staff use.

The inspectors observed interactions of staff and residents and saw that residents were treated with kindness and respect. Staff knew residents' preferences and routines and these were facilitated in a caring manner. Staff were seen to be supportive of residents communication needs and were observed listening to residents and allowing them time to communicate.

Inspectors availed of opportunities to speak with residents informally through opportunistic chats. Residents spoke very positively about staff, reporting they were kind, caring and respectful. Staff were observed assisting and attending to residents in a friendly and respectful manner throughout the day. Residents looked well cared

for. Residents confirmed that staff were responsive to their needs and provided assistance promptly if they used their call bell. Inspectors heard staff praying with a resident before their meal as this was the residents regular routine

On the morning of the inspection staff were observed to be sitting with residents in the various communal rooms assisting them with activities such as a jig saw and a board game. Residents were observed to be interacting with a therapy dog that visited the centre each Wednesday and they appeared to be enjoying the activity. Inspectors were informed that there would be a music session taking place on the day following the inspection. Other residents were seen to be crocheting, reading magazines and one resident was listening to mass on the radio through earphones.

The inspectors observed the meal time experience both at lunch time and tea time and saw that residents had choice in what they had to eat and drink. However, there was less choice available as to where they dined as the one dining room in the centre was too small to facilitate residents at one sitting. The inspectors observed that many residents had their dinner at a bed table or side table placed beside the chair where they sat all day. Some residents did go to the dining room for their meals and sat at the table while others did not have this opportunity for movement and change of scenery at lunch time.

The next two sections of the report will describe the specific findings of the inspection, describing the capacity and capability of the service and how this impacts on the quality and safety of the care delivered to residents.

## Capacity and capability

This unannounced inspection was carried out to assess the overall governance of the centre to identify if required improvements identified on the previous inspection, conducted in February 2022, had been addressed and the actions outlined in the centre's compliance plan following that inspection had been implemented. In response to the finding of that inspection and also the previous inspections, a condition had been attached to the centre's registration to comply with Regulation 9: Residents' rights, Regulation 15: Staffing and Regulation 23: Governance and Management by 30 September 2022.

Overall, improvements were noted in staffing arrangements and residents' rights. The provider had reduced bed capacity from 35 to 26 through the conversion nine twin bedrooms to single occupancy. Some improvements were required in governance and management, medication management, the premises and fire safety. These are discussed in more detail in relevant sections of this report.

The centre is a family run centre, owned and operated by Camillus Healthcare Limited. The company is made up of two directors, one director is also the person in charge. As person in charge, she was also responsible for the day-to-day running of the centre and worked from Monday to Friday and was on call at the weekends. She

was supported in her role by two Clinical Nurse Managers (CNM), a team of nurses, health care staff, housekeeping and catering staff. While, the organisational structure identifies lines of accountability and responsibility for the operation of the centre that includes the clinical nurse managers, it is evident that the person in charge does not devolve responsibility to other members of the management team in her absence. On the day of the inspection, the person in charge was absent and some documentation requested by inspectors was not available. While the person in charge had offered to return to the centre to make this documentation available, adequate arrangements were not in place in the absence of the person in charge.

There was a comprehensive programme of audits, with evidence of actions taken to address any required improvements identified through the audit process. The process for making complaints was on display in the centre that identified the complaints officer and the independent appeals process. A review of the complaints log given to inspectors identified two complaints since the last inspection in February 2022. Both of these related to issues extraneous to the centre. At a feedback meeting on the day after the inspection, the person in charge informed inspectors that this was not the correct complaints log, however, this was the only one given to inspectors. Inspectors were unable to assess the management of complaints due the absence of the complaints log.

There were records of staff meetings that discussed issues such as health and safety, infection control and staffing issues. A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

#### Regulation 14: Persons in charge

There is a person in charge of the centre that meets the requirements of the regulations in terms of experience and qualifications.

Judgment: Compliant

#### Regulation 15: Staffing

Based on the observations of inspectors and discussions with staff, there were adequate numbers and skill mix of staff to meet the needs of residents on the day of the inspection. While, there were no staff members availability for cleaning and laundry duties at the beginning of the inspection, some staff agreed to work on their scheduled day off to fill these vacancies.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a comprehensive programme of training, and staff were facilitated to attend training relevant to their role. The provision of mandatory training was up-to-date for all staff in key areas such as infection prevention and control and safeguarding.

Judgment: Compliant

### Regulation 21: Records

In the absence of the person in charge, records set out in Schedules 2 and 4 of the regulations were not available for inspection.

Judgment: Not compliant

### Regulation 23: Governance and management

Improvements were required in governance and management arrangements and some of the systems in place were not sufficiently robust and the following required to be addressed by the provider to ensure the safe delivery of the service;

- while there was a clearly defined management structure in place, on the day of the inspection there was uncertainty among staff in relation to who was in charge of the centre in the absence of the person in charge and a clinical nurse manager. This uncertainty was also reflected in the staff roster that on occasion showed more than one nurse in charge. Therefore the lines of authority and accountability were not clear.
- the roles of the CNM's was also not clear and as evidenced on the day of the inspection there was a need to devolve responsibilities to the CNM's to ensure the centre could run smoothly in the absence of the person in charge. For example, the person in charge was not present in the centre on the day of the inspection and inspectors were unable to access some records such as personnel files and contracts of care. Other records were difficult to access such as staff training matrix and complaints records. CNM's had not been given access to same.
- the status of works associated with a fire safety risk assessment completed could not be confirmed to identify what works were completed and what was

yet to be done, this could pose a risk to residents.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A review of accident and incident records indicated that notifications required to be submitted to the Chief Inspector were submitted within the required time frames.

Judgment: Compliant

## Quality and safety

Overall, the feedback from residents was positive and the inspectors were satisfied that residents were happy living in the centre. There was evidence of consultation with residents and their needs were being met through timely access to healthcare services. However, improvements were required in the areas of medication management, fire safety and the premises. These issues and other areas of required improvements are discussed in more detail under the relevant regulations of this report.

Improvements were noted in the premises since the last inspection. Bed capacity had been reduced from 35 to 26 through the conversion nine twin bedrooms to single occupancy. All residents in the centre were now accommodated in single rooms. This supported the provision of adequate space for a comfortable chair at the resident's bedside and for furniture such as wardrobe and chest of drawers in the room. While the increased floor space in bedrooms was available to residents, the bedrooms had not been reconfigured, for example by removing the curtains that previously provided screening between beds. The reduced bed capacity allowed for better access to communal space. However, there continued to be inadequate dining space for all residents to have their meals at one sitting in the dining room. Communal space also remained below the four metres squared per resident recommended in the *National Standards for Residential Care Settings for Older People in Ireland*. The reduced bed capacity also allowed the provider meet the minimum requirements in relation to sanitary facilities specified in the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended)*. Some action was required in relation to ongoing maintenance of the premises and this is outlined in more detail under Regulation 17.

The inspectors reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, to inform care planning. Care plans provided good detail on the care to be delivered on an

individual basis to each resident. Residents had good access to medical care and were reviewed regularly by their GP. Residents were also provided with access to other health care professionals, in line with their assessed needs. From a review of records it was evident that residents who required assessment were referred to allied health professionals, such as a dietetics, speech and language therapy and other specialist care such as psychiatry of old age as required.

Controlled drugs were seen to be maintained in line with professional guidelines. Nursing staff spoken with while completing medication rounds were knowledgeable regarding medication management, however, the inspectors saw that safe practice in relation to transcription of medications by nursing staff required immediate action as outlined under Regulation 29 of this report.

Staff were seen to wear their required face masks appropriately. Visitors followed the infection control protocol and clinical waste was appropriately managed. Staff were trained in infection control processes and audits were carried out to ensure correct hand washing technique. The use of the disinfection tunnel prior to entering the centre was potentially counterproductive and there are no public health guidelines or evidence supporting the efficacy of this equipment for human disinfection. Additionally, asymptomatic visitors remain infective as the virus in the nasopharynx and respiratory tracts continues to be viable, which may contribute to a false sense of security among visitors. While generally infection control processes had improved since the previous inspection and the centre was seen to be very clean and cleaning schedules were in place for regular deep cleaning of all rooms, some issues were outstanding which were highlighted under Regulation 27.

Residents' general well-being was enhanced by the choice of appropriate activities available to meet their preferences and life experience. Residents' meetings were held which provided opportunities for residents to express their opinion and be informed of any changes. Minutes of these meetings were reviewed by inspectors. Mass was facilitated virtually. Care staff provided social stimulation and residents were seen to have easy access to move around the centre independently and sit out at the front of the building. There was minimal use of restraint and the only restraint related to the use of falls prevention alarms.

## Regulation 11: Visits

While visits were facilitated, visitors were required to phone in advance to schedule the visit and this prevented spontaneity of visiting and therefore visits were somewhat restricted.

Judgment: Substantially compliant

## Regulation 17: Premises

The inspectors acknowledged the improvements in the premises since the previous inspection but found that there were a number of issues with the maintenance of premises that required action to be compliant with requirements of regulation and provision of a homely environment.

- there was a leak stain in the ceiling of one bathroom on the ground floor
- some of the bedrooms only had a single wardrobe which does not provide adequate space for long term residents to hang their clothing
- due to the size of the dining room, it was not possible for all residents in the centre to dine in this room together and a second sitting was not facilitated
- the external courtyard required attention as the garden furniture was showing signs of significant weather damage and the surface of the courtyard has moss growing between the flagstones

Judgment: Substantially compliant

## Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident.

Judgment: Compliant

## Regulation 27: Infection control

There were a number of areas requiring attention in order to ensure that the procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff:

For example:

- some woodwork and furniture was worn and scuffed woodwork in a number of areas in the centre, including beds, bed tables and around sink areas and rust was seen on wheels of chairs and bed tables which meant that effective cleaning was not assured.

- there was a limited number of dedicated hand wash sinks in the centre which is not in line with best practice in infection prevention and control
- the use of the disinfection tunnel prior to entering the centre was potentially counterproductive and there are no public health guidelines or evidence supporting the efficacy of this equipment for human disinfection

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- there were double doors leading to bedrooms, sometimes referred to as "cat and kitten" doors. For fire safety purposes there was a need to ensure that the smaller door was kept closed these were not always closed as seen on the inspection.
- the personal emergency evacuation plan (PEEP) for one resident did not identify the means of evacuation for that resident.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Nurses transcribed prescriptions. While two nurses initialled the prescription to verify that it was correct, a number of these were not signed by a medical practitioner within 72 hours in accordance with the centre's own policy on transcribing medications. Therefore nurses were administering some medications that were not prescribed and in accordance with the directions of the prescriber and this could lead to errors

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

The inspector was assured that residents' health care needs were met to a good standard. From a review of a sample of care plans, it was evident that residents had a comprehensive assessment undertaken on admission using validated tools and care plans were developed based on these assessments. The inspector saw that care plans were person centred and detailed to provide good guidance on the care needs of residents. Assessments and care plans were seen to be reviewed on a

monthly basis.

Judgment: Compliant

### Regulation 6: Health care

There was a good standard of evidence based health care provided in the centre. General practitioners routinely attended the centre to assess and treat residents as required. There was evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist, occupational therapist and physiotherapy as required. There was access to palliative care and psychiatry of old age. Medical records reviewed included detailed notes of residents' care. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

Wound care was seen to be undertaken following scientific assessments of wounds to show determine improvement or changes of wounds. Access to tissue viability specialist nurse was evident in residents records and advice given was implemented.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were no residents in the centre using bed rails on the day of the inspection. Based on a review of records, where restraint was used, such as falls alarms, it was done in compliance with relevant national guidance. Staff knew residents well and were familiar with issues that may precipitate responsive behaviour in residents. In instances of responsive behaviour, adequate records were maintained of the antecedent, the behaviour and the consequence of the behaviour (ABC) to support staff in identifying the residents needs.

Judgment: Compliant

### Regulation 8: Protection

Staff had received training in safeguarding vulnerable adults and were aware of their responsibility to report any issues of concern.

Residents informed inspectors that they felt safe in the centre and staff spoken with were trained in this aspect of care as well as in care of those with dementia.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents could not fully exercise choice in the centre in relation to dining experience

The inspectors observed the meal time experience both at lunch time and tea time and saw that residents had choice in what they had to eat and drink. However, there was less choice was available as to where they dined as the one dining room in the centre was too small to facilitate residents at one sitting. The inspectors observed that many residents had their dinner at a bed table or side table placed beside the chair where they sat all day. Some residents did go to the dining room for their meals and sat at the table while others did not have this opportunity for movement and change of scenery at meal times.

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
<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	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St. Theresa's Nursing Home OSV-0000434

Inspection ID: MON-0037391

Date of inspection: 17/08/2022

## 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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Access to records set out in Schedules 2 and 4 are accessible to the CNM in the absence of the PIC.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Nurse in Charge (NIC) in the nursing home is reflected on the roster. The role of the second NIC reflected on the roster is known by all staff in her role. On paper the title of NIC is now removed.</p> <p>The offer by the PIC to return with the key held in error will not be repeated. The key and access to the records is in place at the centre. The experience of an inspection to the CNM has been beneficial for the expectation required in an inspection process.</p> <p>The status of works associated with the fire safety risk assessment is made known to the CNM.</p>	
Regulation 11: Visits	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 11: Visits: Visitors are not required to phone in advance to schedule visits, however some family members prefer to do so. A review of same has been completed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The leak stain has been painted.</p> <p>A review of furniture in the bedrooms has taken place and the furniture is adequate for the current residents. The furniture in the bedrooms will be monitored and reviewed on an ongoing basis.</p> <p>There are 2 sittings offered to residents at mealtimes providing enough space in the dining room for all residents. Residents' wishes are observed as to where they would like to have their meals.</p> <p>Planned works on the external courtyard was in place and the works are complete.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A review of the woodwork and furniture in the nursing home has taken place. A schedule of maintenance works in the nursing home included noted areas such as the woodwork and furniture. Scuff marks from residents' use of zimmer frames is highlighted as an area of daily attention to staff.</p> <p>A review of the dedicated hand wash sinks in the nursing home has taken place. The staff are satisfied with the location and quantity. The upgrading of the sinks is in the planned schedule of works.</p> <p>The disinfection tunnel is an additional IPC measure as well as all HSE guidelines for IPC. All visitors to the nursing home are advised of this and that it is not the only IPC measure observed. The evidence supporting the efficacy of the equipment is held on record.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A review of the "cat and kitten" doors has taken place. All smaller doors are now kept closed at all times except when required to be opened temporarily for movement of equipment. A reminder notice is in place for residents to keep the smaller door closed at all times.</p> <p>A review of PEEP's has taken place and the means of evacuation for one resident has been documented. All staff have been reminded of the importance of this documentation.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  A review of all transcribed prescriptions has taken place and a meeting was held with a medical practitioner to discuss the policy.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  All residents have been reviewed as to their choice of mealtimes. Their wishes are respected and in the event of a second sitting being required, this is facilitated.</p>	



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	18/08/2022
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	18/08/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Substantially Compliant	Yellow	19/09/2022

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	18/08/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	18/08/2022
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	18/08/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	06/10/2022

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	18/08/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	18/08/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	19/08/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	22/08/2022

	practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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