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:	Lakes Nursing Home
Name of provider:	Elder Nursing Homes Ltd
Address of centre:	Hill Road, Killaloe, Clare
Type of inspection:	Unannounced
Date of inspection:	06 April 2022
Centre ID:	OSV-0000447
Fieldwork ID:	MON-0034318

About the designated centre

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

Lakes Nursing Home is a two-storey purpose-built centre designed to provide care for residents requiring continuing and short stay care including respite and convalescence. As a provider of high quality nursing care, we welcome the 'National Standards for Residential Care Settings for Older People in Ireland'. These standards will help to consolidate existing good practice whilst also identifying areas for development. We are committed to enhancing the quality of life of all our residents by providing inclusive, high-quality, resident-focused 24-hour nursing care, catering, service and activities. Lakes Nursing Home can accommodate a maximum of 57 residents. there are 47 single rooms available with en-suite toilet facilities as well as five double rooms with en-suite toilet facilities. A number of shared shower rooms are available. there is stirs and lift access to the first floor. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. Care is provided for people with a range of needs: low, medium, high and maximum dependency. We employ a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff. Prior to admission, a pre-admission assessment shall be undertaken in the resident's home or transferring facility, by a member of the residential home's nursing staff. Care plans will be established and reviewed through inclusion of families and residents supported by the community services on referral. Resident records are stored on a secure computer system and also in filing cabinets. The activities coordinator meets new residents to plan an individual activities programme. Residents are encouraged to keep up their social/leisure interests after admission, for example, gardening, painting, knitting, quiz, music, media access, beauty and hair therapy. Day trips are also organised occasionally. Arrangements can be made for residents to go shopping or attend other activities outside the nursing home; these may incur some extra costs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 April 2022	09:00hrs to 18:00hrs	Una Fitzgerald	Lead
Wednesday 6 April 2022	09:00hrs to 18:00hrs	Claire McGinley	Support

What residents told us and what inspectors observed

This unannounced risk inspection was carried out over one day. There were 54 residents accommodated in the centre on the day of the inspection and three vacancies. On arrival, the receptionist guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. At the time of inspection there were no residents within this centre with COVID-19.

Following an opening meeting with the person in charge, the inspectors completed a walk around of the centre. The premises was laid out to meet the needs of the residents and to encourage and aid independence. The corridors were sufficiently wide with grab rails in place to assist the residents to mobilise independently. Residents had unrestricted access to outdoor areas. However, inspectors found that the premises were observed to be visibly unclean with dust and dirt build up observed throughout the premises.

Feedback from the residents and relatives spoken to on the day of inspection was mixed. Residents and relatives spoke highly of individual staff. Inspectors were told by residents that they felt there was a high turnover of staff and that there were insufficient healthcare assistants on duty providing the direct care. Residents commented to inspectors that "all the old staff have left and the new staff don't have the know-how" and "staff here are brilliant, not enough of them".

Inspectors spoke with residents and also spent time in communal areas observing resident and staff interaction. Residents were observed to be in their bedrooms throughout the morning. Inspectors observed that there was an activities schedule in place and the activities observed on the day of inspection included a resident meeting and painting in the afternoon. Inspectors were informed that there was no staff allocated to communal activities when the activities person was absent, and that no communal activities occurred at weekends. Inspectors observed that the communal sitting room on the ground floor was used by residents throughout the day.

The complaints procedure was displayed in a prominent place. However, the feedback from some residents and relatives spoken with, was that complaints were not always listened too. Inspectors acknowledged that the management had sought feedback from residents in a resident survey on how the residents felt complaints were managed in the centre. The results identified that 33% of respondents stated they were satisfied while 17% stated they were not happy (50% were recorded as not applicable). Inspectors spoke with management about the feedback given to inspectors on the day of inspection and a commitment was given to complete a full review of the system and processes in place to ensure that residents and relatives were supported in voicing any concerns they have.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk-based inspection undertaken to follow up on the previous inspection findings from May 2021 and to also follow up on unsolicited information received by the office of the Chief Inspector specific to staffing, complaints management and the quality of care.

Inspectors found repeated non-compliance with the regulations reviewed and also found that the compliance plan response to the previous inspection findings had not been fully implemented. Inspectors found that Regulation 17 Premises and Regulation 27 Infection control were not in compliance with the regulations. Action was also required in governance and management, complaints, individual assessment and care plans, protection and resdients rights, to ensure compliance with the regulations.

Elder Nursing Homes Ltd. is the registered provider of Lakes Nursing Home. Mowlam Healthcare Services are participating in the management of the service and are operating the day to day running of the service. On the day of inspection there were sufficient numbers of staff on duty to attend to the direct care needs of residents. The person in charge was being supported by a regional manager and the wider Mowlam organisation. At a local level, the assistant director of nursing had sixteen hours of allocated supervisary hours to support the person in charge. The centre had two registered nurses on duty, 24 hours a day, who were supported by a team of health care assistants (HCA) and non clinical staff.

There was evidence of good systems of communication that included weekly management meetings. The regional manager visited the centre weekly to support the person in charge. There was evidence that the management team discussed clinical and operational matters. There were management systems in place such as the Mowlam Auditing Management System. Inspectors were not assured that the clinical care was monitored effectively. There was clinical and environmental audits available. However, there was no analyses of the information collected and no quality improvement plans had been developed to address the issues.

The provider had a comprehensive mandatory training requirement in place for all staff. The training matrix was reviewed. While there were minor gaps, the person in charge confirmed that training sessions to bridge the gaps were booked. The inspectors also reviewed a sample of staff files. All nurse registration documentation was available. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were in place. An induction checklist was in place and had been commenced for all new staff files reviewed. The induction programme consists of three days placement in a supernumerary capacity. This allows for orientation of the centre and enables new staff become familiar with

the systems in place. The person in charge confirmed that the centre was faced with ongoing recruitment challenges and that staff turnover was high. Records evidenced multiple shortfalls in the allocation of healthcare assistants. The person in charge confirmed that when staff phoned in at short notice they could not be replaced. Residents had provided feedback to the provider through the resident surveys, voicing concerns on staffing in the centre.

A summary of the complaints procedure was prominently displayed for information for residents and their relatives in the main reception foyer. A record of complaints raised by residents and relatives was maintained in the centre. Details of communication with the complainant and their level of satisfaction with the measures put in place to resolve the issues were included. Despite the positive findings the feedback from residents and records reviewed evidenced gaps in the management of complaints. For example; Inspectors found evidence that complaints made to the staff were not always recognised as a complaint and were not logged as a compliant. Incidents of concern that had been brought to the attention of staff were not logged. Following the last inspection the management team had reviewed the complaints process and management of complaints. In acknowledging progress made under Regulation 34 Complaints, further action is required to ensure full compliance with the regulations.

Regulation 15: Staffing

While there was adequate staff available to meet the needs of the residents on the day of the inspection, staffing levels did not reflect the staff availability to ensure the centre was consistently staffed. This staffing resource issue is addressed under Regulation 23, governance and management.

Judgment: Compliant

Regulation 23: Governance and management

The provider did not have the staffing resources available to maintain consistent healthcare staffing levels on a daily basis. This was evidenced by:

- three staffing vacancies in the healthcare assistants.
- a review of the staff rosters found multiple examples whereby there were staff shortages varying from 12-24 hours of direct care for the day
- when staff call in as unavailable at short notice cover is not provided due to availability of staff.

The management systems in place to ensure the service was appropriately

monitored was not effective. For example:

- staff supervision,
- aspects of infection prevention and control
- maintenance of parts of the premises.
- Incomplete clinical audits that did not have quality improvement plans.
- The provider had not taken action to improve areas of non-compliance in line with a compliance plan submitted by the provider following the last inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Relatives and residents spoken with voiced dissatisfaction with the complaints process. Inspectors found that a resident complaint that was logged in the resident notes was not logged in the complaints log.

Judgment: Substantially compliant

Quality and safety

Overall, residents reported that they felt the care and support they had received was of good quality. Residents were supported to access health and social care professional services throughout the pandemic through a blend of face to face and remote consultations. A system of referral was in place for residents that required access to additional expertise such as, Speech & Language Therapy, Dietitian and Tissue Viability services. Residents had access to an on-site physiotherapist two days a week and occupational therapy fortnightly. Advice received was acted upon which had a positive outcome for residents. Where residents require further allied health and specialist expertise, this was facilitated through a system of referral.

The centre utilises an electronic care planning system. Inspectors reviewed a sample of resident records and found that a comprehensive assessment of needs was completed on admission to the centre. Validated nursing assessments were used to assess residents risk of impaired skin integrity, falls risk, risk of malnutrition, dependency level and a social care needs. Care plans were then developed from these assessments to guide staff on how to support residents with their care. Resident records reviewed identified that the care plans did not always contain the information required to guide the care. For example; residents personal hygiene needs. A small number of residents were predisposed to episodes of responsive behaviour, records for these residents found that behaviour support logs were not

consistently in place as identified in care plans.

Residents' lives had been significantly impacted by the COVID-19 pandemic and consequent restrictions. Inspectors observed that staff adhered to guidance in relation to hand hygiene and in wearing PPE in line with the national guidelines. Staff reported that the training they had received had been of a good standard and they were able to implement it in practice. Positive measures taken to prevent the spread of infection included a temperature and COVID-19 symptom check on arrival to the centre, appropriate signage was in place to prompt all staff and residents to perform frequent hand hygiene. The importance of hand hygiene and technique had been discuss at the resident meetings. However, inspectors found that further monitoring and oversight of the cleaning procedure was required. Inspectors observed layers of dust and dirt along corridors, in resident bedrooms and in the kitchenette on the first floor. The premises in general was in a poor state of repair. Inspectors acknowledge that a replacement kitchen was due in the days following the inspection. However, on the day of inspection this kitchen was in use and food was distributed from this unclean room.

A small number of residents living in the centre had specific safeguarding needs. Staff spoken with were knowledgeable regarding their role and responsibility in protecting residents from the risk of abuse. Safeguarding training was facilitated and attended by all staff. Staff were aware of residents that required close supervision when leaving their room and this was observed to be in place on the day of inspection. While safeguarding risk assessments and safeguarding plans were in place for those residents, further improvement was required to ensure that the planned actions to mitigate risk were implemented to ensure that all residents were adequately safeguarded from the risk of peer-to-peer abuse.

Residents were supported to maintain personal relationships with family and friends. Resident meetings were held on a quarterly basis. As previously mentioned a resident survey on their experiences in the centre had been completed.

Regulation 11: Visits

The centre was facilitating visiting in line with the requirements of Regulation 11.

Judgment: Compliant

Regulation 17: Premises

A review of the premises found that it did not meet the requirements under regulation 17. This was evidenced by;

- Flooring throughout the centre was uneven and in a very poor state of repair.

This is also a falls risk for residents.

- Flooring that was lifting at the junction between resident bedroom space and their bathrooms was sealed with a sticky tape. This tape was in a poor state; it was worn, ripped and lifting. In addition, the gaps in the tape was a reservoir for bacteria and dirt.
- Multiple light switches were broken
- The kitchenette on the first floor that food was served from was extensively damaged.
- In one double bedroom, their was insufficient space for one resident to have a locker at their bedside.

Judgment: Not compliant

Regulation 27: Infection control

Th provider had failed to ensure that all appropriate measures were in place to ensure compliance with the requirements of the regulation. This is evidenced by;

- Hand gels dispensers were visibly unclean with layers of gel encrusted on them.
- Resident equipment was not clean, and due to damage and rust, they were not amenable for cleaning.
- Wheelchairs in use by residents were visibly unclean.
- Commode chairs were not clean and were visibly soiled.
- The sluice machine was not in working order resulting in inappropriate disposal of waste
- Cleaning trolleys had ingrained dirt and layers of dust.
- The floor areas surrounding some toilets were not visibly clean.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed care plan documentation in place and found that some care plans were not updated with the most relevant detail specific to the care needs of the residents.

- Inspectors were told very specific detail about residents that have challenges attending to their hygiene needs. This detail was not recorded in the care plans to guide staff. The care plans reviewed did not include any of the challenges voiced by the residents or strategies used by staff to reduce these challenges and facilitate care needs being attended to.
- Behaviour support logs that detail incidences of behaviours that require

intervention management steps were not always logged. This detail is required to guide the staff.
- Care plans were not updated following resident falls to reflect changing needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) and health and social care professionals. Where residents require further allied health and specialist expertise, this was facilitated through a system of referral.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that safeguarding plans were not implemented as per the care plan. For example, in one file reviewed, a safeguarding plan stated that in order to protect all residents an alarm was required to alert staff of a resident movement. This plan was not implemented which posed a safeguarding risk to other residents.

Inspectors found that the risk management strategies implemented, as a result of a safeguarding concern, had a direct negative impact on a resident's right to have choice and freedom of movement within their home.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider failed to ensure that residents right's were upheld in line with the requirements under Regulation 9.

- screening and functionality layout of a double bedroom was not appropriate for two residents, the layout resulted in the inability of both residents to undertake personal activities in private. For example; if one resident had their privacy screen pulled around their bed, the second resident could not exit their bedroom.

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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lakes Nursing Home OSV-0000447

Inspection ID: MON-0034318

Date of inspection: 06/04/2022

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Person in Charge (PIC), supported by a Clinical Nurse Manager (CNM), will produce and monitor the staff roster at least 2 weeks in advance, always ensuring that a suitable number and skill-mix of staff are deployed, whose duties are allocated appropriately; that there is always a suitable ratio of clinical staff to residents to enable all care needs to be safely and effectively met; and that effective supervision, support and cohesive teamworking are integral to the culture of the nursing home. • We will maintain the ongoing staff recruitment programme; since the inspection five new Healthcare Assistants have been recruited: two are now in post and three will commence over the coming weeks. • The PIC will ensure that the staffing numbers in post are accurately reflected in the Statement of Purpose. • In the event of unanticipated staff shortage, due to sickness leave for example, the PIC will review the roster to bridge the gap with existing nursing or HCA staff; if this is not possible, we will book agency staff to fill any vacant shifts. • The Healthcare Manager (HCM) will support the PIC in the achievement of all objectives; the HCM attends the home on a weekly basis and will ensure that audits have been completed according to the schedule, that identified actions for improvement are based on specific deficits or non-compliances, and that these actions are reviewed regularly to ensure that they have been addressed satisfactorily. • The PIC will ensure that the Maintenance Person addresses routine works around the home and grounds, including minor repairs and basic maintenance of the environment, identification of equipment and furniture for repair or disposal and routine checks as agreed by the PIC and Facilities Department. • The group Facilities Manager will implement a scheduled programme of works to address more complex environmental repairs and renewals, including décor and flooring. • We will review the layout of multiple occupancy rooms, in accordance with the regulatory requirements set out in SI 293 of 2016.	

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• The PIC, with the support of the HCM, will continue to foster a responsive attitude and an open and transparent culture in the home, where all forms of feedback are welcomed and will ensure that all complaints and concerns are reported, recorded, addressed and resolved to the satisfaction of the complainant. Together with the HCM, the PIC will review complaints, implement corrective actions and ensure that lessons are learned, and appropriate quality improvements established as indicated.
• Further training will be provided to nursing staff on complaints awareness and management.
• All staff will be encouraged to report and record all concerns and complaints at the earliest convenience, so that they can be resolved at a local level where possible.
• Along with the review of complaints and concerns received, the PIC will identify any trends or patterns and implement a corrective action plan to resolve these issues. The outcomes and corrective measures will be discussed at the monthly management team meeting.
• The PIC and CNM will be available and accessible to residents and their representatives, meeting regularly with them to ensure that they have an opportunity to report any issues, concerns or suggestions.
• We welcome suggestions and feedback from residents, relatives/representatives and visitors, as this provides an opportunity for experiential learning and drives continuous quality improvements.
• We will monitor the satisfaction of complainants following the investigation and response to their complaint, and we will inform them of corrective actions and quality improvements implemented as a result so that they can be assured that their complaints have been taken seriously and that decisive action has been taken to prevent recurrence.
• We will ensure that complainants have access to an appeals process if they remain dissatisfied with the outcome of their complaint.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• We will implement a scheduled programme of works to improve the nursing home environment, including the complete refurbishment of the kitchen on the first floor (this work has been completed since the inspection).
• The dimmer light switches will be replaced or repaired, as required.
• Work has commenced to repair the damaged flooring between the bedrooms and

ensuite areas.
• The group Facilities team will develop a plan of works to replace the corridor flooring.
• We will review the layout of a multi-occupancy room to ensure that it not only complies with the regulatory requirement of SI 293, but also respects the rights, privacy and dignity of each resident who occupies the room.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Since the inspection, a thorough deep clean of the entire home has been undertaken and the PIC will monitor the standards of cleanliness and hygiene to ensure that appropriate standards continue to be maintained.
• We will replace the hand gel dispensers and ensure that they are always maintained in a clean state, regularly replenished and clearly labelled.
• The PIC will review the housekeeping service in the home to ensure that there are sufficient hours allocated to household staff to undertake their duties, and to facilitate safe cleaning practices and procedures for housekeeping staff and the provision of appropriate supervision.
• The PIC will provide a copy of the Housekeeping Manual to the Housekeeping team and ensure that they understand the contents in relation to the appropriate cleaning practices, protocols and techniques, e.g., the correct use of the colour-coding system for cleaning and disinfection.
• The PIC will oversee the housekeeping schedule and will ensure that there is a system in place for cleaning and decontamination of equipment, including clinical equipment.
• The PIC will develop and implement a quality improvement plan to address any identified deficits; this plan is being implemented since the inspection, including the repair of the faulty bedpan washer which is now fully functional.
• We will ensure that there a review of storage practices in the nursing home is completed and we will monitor practice regularly to ensure there is no inappropriate storage in any area of the nursing home.
• The PIC will remove any items that are no longer fit for purpose and ensure that they are replaced with new products as required.

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, supported by the nursing management team, will continue to monitor the quality of the residents' individual assessments and care plans, ensuring that they accurately reflect each resident's assessed care needs and preferences, and that they are reviewed and updated as required.
• The PIC completes reports on all key performance indicators (KPIs) on a weekly basis so that there is a good awareness of all safety and quality issues and will ensure that quality improvement initiatives are implemented and maintained within the home.
• Following the use of validated assessment tools, care plans will be prepared in consultation with residents and/or their designated representative, and a record of consultation will be documented in the electronic care file.
• The PIC and CNM will provide clinical oversight to ensure that all residents' assessments and care plans have been completed and are individualised and person centred. They will ensure that the assessment informs the plan of care and considers the resident's current medical, health and lifestyle status, including Behavioural & Psychological Symptoms of Dementia (BPSD) or responsive behaviours. If responsive behaviours are a presenting issue, an Antecedent, Behaviour & Consequence (ABC) chart will be completed for 3 days to assess the patterns of responsive behaviours, identify triggers and determine appropriate de-escalation techniques.
• All care plans will be reviewed at intervals not less than 4 monthly, or as indicated by the resident's condition or circumstances. These care plan reviews will consider all aspects of the residents' physical and mental wellbeing, personal and social care needs and any supports required to meet those needs, as identified by initial and ongoing assessment.
• The PIC will ensure that reviews are completed to monitor the effectiveness of the residents' support and treatment provision.
• The PIC will complete a weekly audit of clinical documentation to ensure that each resident's required care needs are addressed, that the care plan guides the delivery of care and that the care delivered is reviewed and evaluated appropriately and is in accordance with the resident's expressed preferences.
• Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings.
• The PIC will review all incidents, including falls, and will ensure that a Root Cause Analysis is used to identify any increased risk, and that recommendations identified are implemented and documented in the care plan.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• In accordance with the HIQA publication on 'A Human Rights-Based Approach in Health and Social Care Services, we will always endeavour to ensure that our residents are protected from all forms of abuse.
• The PIC and CNM will review safeguarding plans in conjunction with the named nurses to ensure that all aspects of the plan are in place, that the plan is individualised and person-centred.

• Supervision of communal areas will ensure no resident will be denied freedom of movement with the home.
• Clinical staff are reminded daily to maintain person-centred care and to focus on the resident and their needs.
• Staff will be regularly assessed on how they would recognise a potentially abusive situation in practice, including reviewing incidents and complaints to examine whether abuse could be considered as a factor, and they will be required to demonstrate that they are aware of their duties and responsibilities in relation to reporting any suspicions or allegations of abuse to the Person in Charge.
• All notifiable incidents, including any suspicion or allegation of abuse reported are reviewed each month by the management team as part of the Quality and Safety meeting.
• All staff have been appropriately vetted and have received Garda Clearance certificates prior to commencement of employment.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• In conjunction with the group Facilities team, we will conduct a review of the twin rooms in the nursing home with respect to the rights, preferences, privacy and dignity of both occupants of the room.
• We will ensure that the layout of the room is sufficient to allow for the resident's bedside locker and storage space for personal possessions to be accommodated with the individual residents' area.
• The screening will be reviewed so that it allows for full privacy for each resident but will be positioned to enable the other resident to access or exit the room or their own individual space, even while screening is 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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.	Not Compliant	Orange	31/10/2022
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.	Substantially Compliant	Yellow	31/07/2022
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	30/06/2022

	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.	Not Compliant	Orange	30/06/2022
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/07/2022
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	Substantially Compliant	Yellow	30/06/2022

	the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/06/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/10/2022