



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

Issued by the Chief Inspector

Name of designated centre:	The Cottage Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	70 Irishtown, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 March 2024
Centre ID:	OSV-0004587
Fieldwork ID:	MON-0033972

About the designated centre

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

The Cottage Nursing Home is located within the urban setting of the town of Clonmel, Co. Tipperary. The original building, historically, was the Cottage hospital and this has undergone significant refurbishment. It is a two-storey facility with a lift and stairs access to the upstairs. The centre is registered to accommodate 25 residents. Residents' accommodation comprises single and double occupancy bedrooms with hand-wash facilities; assisted shower bathrooms are available throughout the centre; day room and dining areas are located on both floors. The Cottage Nursing Home provides 24 hour nursing care to male and female residents whose dependency needs range from low to maximum with varying care needs including care of people with a diagnosis of dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 5 March 2024	09:45hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents appeared to be relaxed and those spoken with were happy with the responsiveness of staff to their requests for assistance. Residents provided positive feedback on the care they received and the services provided, and it was clear that residents generally enjoyed a good quality of life in the centre.

Following an introductory meeting with the person in charge, the inspector did a walk about of the centre accompanied by the person in charge. The Cottage Nursing Home is a Georgian style building and is located in the centre of the town of Clonmel. It is situated close to the road, on a busy street and does not have its own parking facility. Parking is available in designated paid parking areas on both sides of the street directly outside the centre or in a car park across the road.

The centre is in close proximity to all amenities, including a church and a post office, which are located across the road. The front door is controlled by a keypad controlled lock. Residents do not have access to the code for the door and the door is opened by staff when residents enter and leave the building. The inspector was informed that there are two residents that can leave the centre unaccompanied, usually on a daily basis, to go to church services or to the local shops and post office.

The building was formerly The Cottage Hospital, and dates back to the 1800s. It is a two storey building with bedroom and communal space on both floors. The first floor can be accessed by both lift and stairs. Bedroom accommodation comprises nine single bedrooms and eight twin bedrooms. None of the bedrooms are en suite but all contain a wash hand basin. There are adequate communal bathrooms located at convenient locations throughout the premises to meet the personal hygiene needs of the number of residents accommodated in the centre. Communal facilities comprise two sitting rooms, one on each floor, that also serve as dining rooms. On previous inspections, there was a couch in the first floor sitting room but this was removed due to its deteriorating condition. The couch has been replaced by four standard chairs. Efforts have been made to make the sitting room more homely but this could be enhanced through the provision of more comfortable seating.

There is a secure outdoor area that has an artificial grass surface and suitable garden furniture. The outdoor area can only be accessed through two keypad controlled doors and therefore residents cannot access this area independently of staff. One of the doors is accessed from the sitting room and also leads to the designated smoking area. Access to the courtyard from this area requires residents to be mobile as there are a number of steps leading to the seating area from the smoking area. The second door leading to the courtyard is from a corridor and there is a winding path that circumnavigates the building. There is a storage shed proximal to this door that is in a poor state of repair and untidy in appearance. This

is used to store some sanitary items.

On the morning of the inspection, the atmosphere was observed to be busy but pleasant. Staff were observed attending to residents requests for assistance promptly. Some residents were observed walking through the corridors accompanied by staff, while the majority of residents spent the morning in the sitting room. Residents appeared to be relaxed and comfortable in their environment, and chatting to staff and one another about local news and events.

Generally, the premises was found to be clean and efforts to have a homely environment were evident. Residents said they were satisfied with the level of cleanliness of their rooms and the communal areas. Corridors are generally narrow, reflecting the age of the premises. Residents' bedrooms were viewed and were seen to have been personalised with family photographs, ornaments and decorative items. Signage on bedroom doors could be enhanced and made more dementia friendly. Some bedroom doors did not have room numbers and while others had room numbers, they were written in small text and would not be easily seen by residents that may have compromised eyesight.

There were no clinical hand wash sinks that met the requirements of HBN 00-10 Part C. Sanitary Assemblies. There were sanitising hand gel dispensers on corridors, however, these were usually at each end of corridors and would not be readily accessible to staff to perform hand hygiene at point of care.

Throughout the inspection, resident and staff interactions were observed to be friendly and respectful, and staff were seen to support residents to carry out activities at their own pace. The general feedback from residents was that staff were kind and caring.

Residents had access to a range of activities for social engagement. Staff were allocated to provide activities for residents, and the inspector saw staff facilitating residents to take part in activities that were offered on the day. The inspector observed that the residents were supervised in all communal rooms, and residents were encouraged to engage in meaningful activities throughout the day of the inspection. There was a physiotherapist present on the day of the inspection and residents were seen to be assessed and supported to enhance their mobility.

There were door closure devices on all bedroom doors that would activate in the event of the activation of the fire alarm and these were seen to function appropriately. The door to one bedroom, however, would not close effectively as it did not align with the door surround. The inspector also noted that there was inappropriate storage in an electrical cupboard and management were requested to remove these items from the cupboard on the day of the inspection. The inspector also observed two cylinders of oxygen stored in the treatment room without appropriate signage on the door to alert that there was oxygen in the room. There was also a need to ensure that the oxygen cylinders were stored in a manner that would prevent them from being toppled accidentally.

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.

Capacity and capability

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013) as amended. The inspector found there are systems in place to monitor the service through a variety of management systems, including a comprehensive programme of audits. Clarity, however, was required in relation to the management structure as it did not align with that set out in the Statement of Purpose. Action was also required to in the areas of records management, staff training and development and complaints management.

The registered provider of The Cottage Nursing Home is Tipperary Healthcare Limited, a company comprising two directors, which own and operate this and one other nursing home. Both directors form part of the management team for this centre. The person in charge has been in post since 23 July 2023. One of the directors acts as general manager for the centre and the second director has recently become directly involved in oversight of the centre through auditing practice. This director was previously person in charge of another designated centre, owned and operated by the same company.

At the previous inspection it was found that the person in charge proposed to be absent from the centre for an extended period of time. It was found that the person proposed to fill the role of person in charge during that absence did not have the required management experience. Through a stepped process of escalation that involved cautionary and warning meetings, a restrictive condition was attached to the registration of the centre to appoint a person that met the requirements of the regulations. The condition was subsequently removed when the requirements of the condition were met and a person in charge who met the requirements of the regulations was appointed.

While there was a clearly defined management structure outlined in the centre's Statement of Purpose, against which the centre was registered, this did not align with the management structure in the centre on the day of the inspection. The management structure provides for the position of assistant director of nursing (ADON). A review of the staffing roster, discussions with staff and a review of staff files, however, identified that there was no one appointed to this role. Issues in relation to governance and management are outlined under Regulation 23 of this report.

The person in charge is a registered nurse who is full time in post and has the necessary experience and qualifications as required by the regulations. They engaged positively with the inspector during this inspection. In addition to senior management, the person in charge is supported in their role by a team of nurses,

health care assistants, housekeeping, catering, and maintenance staff.

Prior to the inspection, the provider had submitted an application to renew the registration of the centre. The registered had prepared a statement of purpose and submitted floor plans as part of the renewal process. The statement of purpose required further review to ensure that it contained all of the information required by Schedule 1 of the regulations. This is outlined in more detail under Regulation 3 of this report.

Records in accordance with Schedule 2 and 3 of the regulations were accessible on site. Schedule 2 documents were stored electronically. From a sample of staff files reviewed, each file contained a Garda vetting disclosure and photographic identification. However, further action was required to support full compliance with Schedule 2 of the regulations. Action was also required in relation to Schedule 4 records and securing access to records from unauthorised personnel. These issues are outlined in more detail under Regulation 21 of this report.

The inspector reviewed complaints management in the centre. The person in charge and one of the directors had both completed training on the management of complaints. Two complaints had been recorded since October 2022 and both were satisfactorily addressed. Action was required in relation to the policy and procedure for managing complaints and the notice on display advising residents and relatives on how to make a complaint. More detail was required in both the policy and the notice on display. This is outlined further under Regulation 34 of the report.

Staff were supported to attend mandatory training such as fire safety manual handling, safeguarding vulnerable adults from abuse, challenging behaviour and infection control. Not all staff, however, had attended this training and this is addressed under Regulation 16 of this report. Supplementary training was also offered to staff in areas relevant to their roles, such as medication management, falls prevention, health and safety, food hygiene and environmental cleaning.

There was evidence of management systems in place such as management meetings and audits. An annual review of the quality and safety of care delivered to residents had been completed for 2023. The person in charge reported to the management team at weekly meetings. These meetings were usually attended by both directors and the persons in charge from the two centres owned and operated by the provider. This forum was used to discuss and report on areas such as occupancy, staffing, training, activities, policies and health and safety.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted a completed application for the renewal of the designated centre within the required time frame. However, the floor plans and Statement of purpose required review to ensure that they were aligned with each other. There was also a need to ensure the all areas of the floor plans were labelled,

such as the kitchen and kitchen store.
Judgment: Substantially compliant
Regulation 14: Persons in charge
The person in charge has the required qualifications and experience set out in the regulations.
Judgment: Compliant
Regulation 15: Staffing
There were adequate numbers of staff with appropriate skills available to meet residents' assessed care and support needs. Staff were knowledgeable regarding residents' individual needs and attended to their needs for assistance without any delays. staff were observed to interact with residents in a respectful manner.
Judgment: Compliant
Regulation 16: Training and staff development
There was a high level of attendance at mandatory training and only a small number of staff were overdue attendance at training on safeguarding of vulnerable adults, fire safety, infection control and manual handling. A training plan was in place to ensure all staff received up to date training.
Judgment: Compliant
Regulation 21: Records
Not all records set out in Schedule 4 of the regulations were available or accessible in the centre for staff working in the centre. For example, the dates on which staff commenced employment and evidence of the position he or she holds at the designated centre, were not available for all staff.
There was a computer terminal in the sitting room used by staff to record care delivery. The inspector found that a staff member had not logged out when they

had completed recording care delivery and was therefore not secured from unauthorised access.

From a review of a sample of four staff files, not all contained a full employment history with an explanation for any gaps in employment. additionally, not all contained two written references from previous employments.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had insurance in place and there was documentation available to indicate that the policy covered injury to residents and loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management structure of the centre on the day of the inspection did not comply with the Statement of Purpose against which the centre's current registration application was granted in 2021. The Statement of Purpose identified an assistant director of nursing, however, this role was vacant on the day of the inspection. There was no active recruitment process underway to fill this vacancy.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre was not operating in accordance with the Statement of Purpose. The position of ADON was vacant since June 2023.

The Statement of Purpose required review to ensure that it accurately reflected the services and facilities available in the centre. For example:

- it did not detail all of the facilities, such as staff rooms and store rooms. additionally it incorrectly identified a single room as a twin room
- an accurate summary of the complaints procedure was not contained in the document

- it did not accurately detail the current conditions of registration

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the time frames specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The policy and procedure on the management of complaints did not fully align with S.I. No. 628/2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022. For example, the policy did not clearly identify the complaints officer. While the person in charge stated that she was the complaints officer, the policy identify the person in charge as the review officer. Additionally, the policy did not clearly set out time frames for responding to complaints or that complainants were entitled to written responses.

The complaints notice on display did not identify the complaints officer and did not set out in adequate detail the complaints process or time lines for responding to complaints

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as set out under Schedule 5 of the regulations were up-to-date and were implemented on this inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in the centre received a good clinical standard of care. Residents spoke positively about the care they received and the responsiveness of staff. However, further action was required in relation to fire safety, responsive behaviour, the premises, health care and infection control.

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, speech and language therapy and tissue viability. A physiotherapist attended the centre weekly. The centre had an electronic resident care record system. Pre-admission assessments were undertaken to ensure that the centre could provide appropriate care and services to the person being admitted. Records demonstrated that comprehensive assessments and care plans were developed within 48 hours of the resident's admission. While there was a good degree of personalisation in some care plans, others required more detail to ensure that care relevant to each person's needs was outlined. This is described further under Regulation 5 of this report.

Daily progress notes demonstrated good monitoring of residents' care needs. There was an adequate system of communication between the centre and acute care facilities when residents were transferred to or from the centre. There was a need, however, to ensure that recommendations in discharge letters were actioned. Issues in relation to the provision of healthcare are outlined under Regulation 6 of this report.

Improvements were noted in the management of fire safety since the last inspection. There were daily and weekly fire safety checks to ensure that emergency exits were free from obstruction and that equipment was functioning appropriately. There were arrangements in place for the preventive maintenance of emergency lighting, the fire alarm and fire extinguishers. All staff had attended up to date training in fire safety. Fire doors were held open with automated door closure devices that would activate in the event of the fire alarm being activated. Despite these improvements, further action was required in relation to fire drills, inappropriate storage and the evacuation of residents. These issues are outlined in detail under Regulation 28 of this report.

Generally, the premises was suitable and well maintained. It was warm, comfortable and odour free. There were communal sitting rooms available to residents on both the ground and first floors. A walkabout of the centre identified a number of areas of general upkeep and maintenance that required attention. These are outlined under Regulation 17 of this report.

There were staff assigned to the provision of social activities in the centre. Residents were provided with recreational opportunities, including games, music, exercise, bingo and art. Arrangements were in place for consulting with residents in relation to the day to day operation of the centre. The most recent residents' meeting had taken place in February 2024. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the reception area and records

demonstrated that this service was made available to residents if needed. Residents had access to local and national newspapers, televisions and radio.

The centre was found to be clean and warm. Infection prevention and control measures were in place and monitored by the person in charge. Facilities for hand hygiene required review to ensure that hand hygiene could be performed at the point of care. This is discussed under Regulation 27.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training, although not all staff had attended this training. Staff were knowledgeable of what constituted abuse and what to do if the suspected abuse. All interactions by staff with residents were observed to be respectful throughout the inspection.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspector found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for a small number of residents who needed support from staff and assistive equipment with meeting their communication needs.

Judgment: Compliant

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 17: Premises

The premises generally met the needs of the needs of the residents, however, some areas for improvement were identified, including:

- a review was required of furniture in bedrooms, such as bedside lockers to ensure they were in a good state of repair and could be cleaned effectively
- the sitting room on the first floor could be enhanced by the provision of more

comfortable seating

- there was evidence of a leak on the ceiling tiles in one of the bathrooms
- some paintwork on door surrounds and at the back of residents' beds was scuffed
- there was inappropriate storage of discarded items of furniture outside the premises, which was visible from one of the bedrooms,
- external storage sheds were in a poor state of repair and were not kept clean. These were used for storing hygiene items
- signage was not dementia friendly. For example, some bedroom doors did not have room numbers and while others had room numbers, they were written in small text and would not be easily seen by residents that may have compromised eyesight.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw that a copy of all transfer letters when the resident was recently temporarily transferred to the hospital was kept in the resident's file. The nursing staff also ensured that upon residents' return to the designated centre, all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practices in relation to infection control at the centre, however, improvements were required in relation to hand hygiene facilities. For example there was no clinical hand wash sink that met the requirements of Health Building Note 00-10 Part C; Sanitary Assemblies. Additionally, there were inadequate hand gel dispensers located at suitable intervals so as to be accessible to staff to perform hand hygiene at the point of care.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure that residents were protected from the risk of fire.

In relation to fire drills:

- while there were regular fire drills, these were predominantly carried out from the same two compartments on the first floor. Variation in the location of fire drills would better prepare staff for a variety of scenarios
- there were two bedrooms that were accessed through a small lobby area. The personal emergency evacuation plans for some of the residents in each of these rooms indicated that they would require ski sheet evacuation. The doorways were narrow and mattresses would require to be manoeuvred at ninety degree angles to exit these rooms. Evidence was not available, through fire drills or other means, to confirm that residents in these rooms could be safely evacuated using ski sheets in a timely manner in the event of a fire
- records of fire drills indicated that simulated night time drills were conducted on two occasions in the past year. However, the scenario simulated was not a true reflection of night time staffing levels as there were eight staff involved in one drill and three staff involved in the other
- simulated vertical evacuation only took place on one occasion indicating that not all staff had an opportunity to practice vertical evacuation outside of annual training

In relation to smoking, residents smoked immediately outside the sitting room door. While the inspector was informed that residents would be given a portable call bell when in the smoking area, this was not seen to be the case on the day of the inspection

Oxygen was stored in the treatment room and there was no signage outside the room that oxygen was stored there. There was also a need to ensure that the oxygen cylinders were stored securely and would not be accidentally knocked over

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Further detail was required in some care plans to ensure that all needs were adequately addressed. For example, the care plan for a resident with diabetes did not outline care in relation to foot care and eye care. Another care plan for the management of a wound did not detail the frequency at which the dressing should be changed.

Judgment: Substantially compliant

Regulation 6: Health care

The discharge letter for one resident recommended that the resident be referred to a dietitian, however, this had not been actioned.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector was informed that there were not any residents living in the centre with significant responsive behaviours. Staff were facilitated to attend training in this area.

Approximately 43% of residents in the centre had bed rails in place. A sample of residents' records indicated that each resident had a risk assessment conducted prior to the use of bed rails and safety checks while they were in place. Even though this represents a reduction from 65% at the last inspection, it still represents a high incidence of bed rail usage

Judgment: Substantially compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. Staff spoken with were knowledgeable regarding recognition and responding to abuse. Staff were aware of the reporting procedures and clearly articulated knowledge of their responsibility to report any concerns they may have regarding residents' safety. Residents confirmed that they felt safe in the centre.

The provider was pension agent for three residents and adequate banking arrangements were in place for the management of these monies.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre. All interactions observed on the day of inspection were person-centred and courteous. Residents spoke of exercising choice and control over their day and being satisfied with activities available. Residents were consulted through residents meetings on issues such as the environment, food and mealtimes and activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Cottage Nursing Home OSV-0004587

Inspection ID: MON-0033972

Date of inspection: 05/03/2024

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 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>The Statement of purpose and the floor plans have been reviewed immediately after the inspection day and all required modifications were made to ensure that they are aligned with each other and that all areas of the floor plans were labeled. The updated Statement of purpose will be re-submitted along with our response to be attached to our application for renewal of registration.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Following the feedback received at the end of the inspection day, Administration have been appointed to review all HR files, to scan and attach the Statement of main terms of employment stating the dates when all staff commenced their employment and to attach a Job description reflecting the role and responsibilities of each staff member where required.</p> <p>Furthermore for the staff members which were trained to cover annual leave / sick leave by working in multiple departments ie: HCA, Housekeeping and Catering assistant, a Job description will be attached to their file reflecting the roles and responsibilities they could have if they would have allocated shifts in each of the departments mentioned above. We aim to have all HR files complete and accessible to authorized personnel online by logging in a secured Gmail account on the premises by 1st of June 2024.</p> <p>All staff members have been reminded to log out of their Epicare / EpiTouch account</p>	

once they have completed recording care delivery, however additional to this, a system will be implemented on all computers on the premises which will automatically log out any user if their account was not used within the last 60 seconds. We aim to have this system implemented by 1st of June 2024, which will offer extra protection from unauthorized access.

The Administration have been appointed to review all HR files and check that staff employment history and 2 references from previous employments are available. Where gaps or discrepancies are found in staff employment history this will be discussed with the staff involved and clarification will be required, and their employment history will be updated accordingly.

Furthermore all reference forms will be reviewed and where 2 reference forms from previous employment are not attached to HR files this will be discussed with the staff involved and if there is a valid reason for this ie: some of the staff members may have only been employed once previously, this will be recorded on the file and a character reference will be accepted from other person that a previous employer.

We aim to update all required documents in HR files by 1st of June 2024.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The management structure in The Cottage has been reviewed and a staff member has been appointed as ADON to come into compliance with regulations and our statement of purpose.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

Immediately after the feedback received at the end of the inspection day, the Statement of Purpose has been reviewed and all areas of the floor plans were labeled. Furthermore, an error has been found and rectified and now room 10 is correctly identified as a single room instead of a twin room.

The Statement of Purpose was updated and now it contains an accurate summary of the complaint's procedure and the current conditions of registration have been also updated.

The updated Statement of purpose will be re-submitted along with our response attached to our application for renewal of registration.

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Immediately after the feedback received at the end of the inspection day the Complaints policy and procedure was updated and it is now clearly identified the Complaints officer - Monica Timis and the Review officer - Sinead Carberry.</p> <p>As well as clearly specifying that the timeframe for the complaints to be investigated and concluded is no longer than 30 working days, if a review is conducted, it is concluded no longer than 20 working days, in both situation a written response is provided.</p> <p>The Summary of Complaints Procedure has been updated and displayed within the Cottage Nursing Home.</p> <p>An updated Complaint policy and procedure will be submitted along with our response.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Immediately after the feedback received at the end of the inspection day, a review of furniture in bedrooms was performed and 3 of our bedside lookers required maintenance services such as replacing the top of the bedside lookers to ensure they are in a good state of repair and could be cleaned effectively. We will continue with the 3 monthly building maintenance checks, same will be recorded in the Maintenance check folder and the actions following these checks will be recorded in Service Delivery Plan.</p> <p>More comfortable seating will be ordered for the first floor sitting room. We aim to have the new armchairs delivered by 1st of June 2024.</p> <p>Ongoing building maintenance is performed. The maintenance staff has already replaced the stained ceiling panels in Bathroom 2 and painted room 6 where the paint at the back of the resident bed was scuffed. All ongoing maintenance services are recorded in the Service Delivery Plan.</p> <p>All outdoor areas were cleared of any rubbish and discarded items of furniture and power washed and a general spring cleaning was performed outdoors.</p> <p>Zone 7 – The external storage area has been tidied and organized, some of the walls and ceiling panels have been repaired and some new shelves installed. A weekly check of the storage area will be performed to ensure this area is kept tidy and always organized. This</p>	

will be recorded in the Maintenance checks folder in the nurse's station.

New room numbers will be ordered, we will review the displayed posters along the corridors and where necessary create and display new signage to implement a better orientation system and assist those with compromise eyesight.

We aim to implement these changes by 1st of June 2024.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

A clinical hand wash sink has been ordered and will be installed in the treatment room. Additionally, more hand sanitizer gel dispensers were ordered and will be installed outside every bedroom to be accessible to staff to perform hand hygiene at the point of care.

We aim to implement these changes by 1st of July 2024.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A meeting was organized with the fire warden, person in charge and register provider and an action plan was created and implemented to come into compliance regarding fire precautions:

-More fire drills were performed to simulate evacuation in zone 3 (bedroom 4 and bedroom 5) and we will continue to perform fire drills in different zones regularly simulating vertical evacuation as well.

Bedroom 5 was reorganized and the bed position has been changed to facilitate evacuation in the event of an emergency .

-The call bell maintenance company was contacted and an assistance call bell was installed outside in the smoking area to be accessible any time to all residents using the designated smoking area.

-Immediately after the inspection day, a wall support was installed for the oxygen cylinders, securing the cylinders to the wall by using a chain. Signage was displayed on the treatment door that oxygen was stored there.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Following the feedback at the end of the inspection day, all care plans were reviewed and some of the care plans were updated to include more details in it.</p> <p>ie: Insulin dependent / Insulin non dependant diabetic care plans were updated to include more information related to symptoms which could lead to chronic complications and staff have been advised to monitor the residents condition for any of the symptoms mentioned and inform the nurse/GP of any change which may occur, staff has also been advised on how to assist the resident to receive proper care according to their needs or how to facilitate access to outside services if required.</p> <p>Other care plans were also updated as the wound care plans to include the frequency of dressing change, type of dressing used, etc and the maintaining a safe environment – the smoking step was updated to include more details about the residents preferred times of smoking, their dexterity, providing information about the fire blanket available in the smoking area, the nearest fire extinguisher and the level of assistance/supervision required by the residents.</p> <p>We aim to continue performing regular care plan audits and creating an audit action plan where we can review all the audit findings and update the residents care plan according to their needs.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Following the feedback received at the end of the inspection day, a MDT meeting was organized to discuss ways of improving communication and closely monitoring recommendations mentioned in the discharge letter when a resident is being discharged back to the nursing home.</p> <p>In order to minimize communication errors we have decided that from now on when a resident is being discharged back to the nursing home, the nurse in charge on their arrival will scan and email the resident’s GP their discharge letter along with their discharge prescription via Health mail, so we ensure that both the nurse in charge and their GP is aware of any change or recommendations and any referrals or changes will be made in a timely manner. Same will be recorded in Epicare.</p>	
Regulation 7: Managing behaviour that	Substantially Compliant

is challenging	
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Regular restraint meetings are held in order to try to reduce the number of residents using bedrails, currently alternative trial to restraint are being performed for 2 of the residents using bedrails and alternatively bed side wedges are being used instead, at the end of the trial period their care plans will be updated according to their needs as well as the risk register.

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 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	01/04/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/06/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and	Substantially Compliant	Yellow	01/06/2024

	4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	01/06/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	01/06/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/07/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Substantially Compliant	Yellow	01/06/2024

	equipment, suitable building services, and suitable bedding and furnishings.			
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	01/06/2024
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	01/06/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/04/2024
Regulation 34(1)(a)	The registered provider shall provide an accessible and	Substantially Compliant	Yellow	01/04/2024

	effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	01/04/2024
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	01/04/2024

Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	01/04/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	01/04/2024