Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Josephs Nursing Home
Name of provider:	St. Joseph's Nursing Home Limited
Address of centre:	Lurgan Glebe, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	14 January 2025
Centre ID:	OSV-0005413
Fieldwork ID:	MON-0044857

About the designated centre

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

The designated centre provides 24-hour nursing care to 52 male and female residents who require long-term and short-term care (convalescence and respite). The centre is situated in a rural area overlooking Loch Ramor and in close proximity to a small town. The centre premises is is a three-storey building with residents' bedroom accommodation on all three floors. Residents' bedrooms consisted of a variety of single and twin bedrooms. Residents' communal accommodation is located on the ground floor. The provider states in their statement of purpose that the aim of the service is to provide a homely environment where the residents are cared for, supported and valued in a setting that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

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
Tuesday 14 January 2025	09:00hrs to 16:45hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 14 January 2025	09:00hrs to 16:45hrs	Karen McMahon	Support

What residents told us and what inspectors observed

Overall, residents were relaxed and generally content in their surroundings. The inspectors met with residents, visitors, staff and members of the centre's management personnel. Residents who spoke with the inspectors spoke positively about the staff providing their care and support but gave mixed feedback about their experience of living in the centre, and a number of residents expressed discontent with their food portions and the quality of social care available to them in the centre.

St Joseph's Nursing Home overlooks Lough Ramor, and the premises have been upgraded and extended over recent years. After a brief introductory meeting, the person in charge escorted the inspectors on a tour of the premises. The premises were arranged over three floors with protected stairs and lift access between the floors. The ground floor was on two levels, and access from one level to a lower level, where residents' communal sitting and dining rooms were located, was by means of a ramped corridor. A small wheelchair-accessible open lift provided alternative access between the two ground-floor levels for residents who did not wish to navigate the corridor decline.

Residents' bedroom accommodation was mainly in single-occupancy bedrooms with in a number of twin-occupancy bedrooms. Residents had access to either en-suite facilities or a shared bathroom to meet their personal care and hygiene needs. Residents' communal accommodation and some bedrooms were located on the ground floor. Most of the residents' bedrooms were located on the first and second floors. The inspectors observed that the residents' bedrooms were bright, nicely decorated and contained suitable furniture to meet their needs. Many of the residents had personalised their bedrooms with their personal items, including family photographs, artwork and soft, colourful blankets, pillow covers and throws. However, the inspectors observed that the layout of some twin bedrooms, including a shared walk-in wardrobe in one twin bedroom, did not meet the needs of the residents residing in them. The inspectors' findings are discussed further in the quality and safety section of this report.

A number of areas in the centre had been upgraded and renovated to a good standard, including the second floor. However, the inspectors observed that a number of areas in the rest of the centre were not well-maintained, including badly stained flooring on the first floor and chipped walls and carpentry fittings on the first and ground floors. The inspectors were informed that there was a plan in place to upgrade the rest of the internal premises, and meetings were planned for the following weeks to finalise plans and to confirm completion dates.

All communal spaces for residents were located on the ground floor and included a large open-plan sitting room. The inspectors observed that residents were already resting in the sitting room and spent their day there. The inspectors were told by the person in charge that the dining room was not available to residents for the

period of an influenza infection outbreak in the centre, which was still active at the time of this inspection. The inspectors observed that no residents ate their meals in the dining room on the day of the inspection. With the exception of a small number of residents who dined together at three tables available in the sitting room, most of the other residents dined from small, occasional tables placed in front of their chairs in the sitting room. One resident remained in their bedroom to mitigate the risk of the spread of influenza infection. A small number of other residents chose to remain in their bedrooms and receive their meals there, which was facilitated by staff in the centre. The inspectors observed that the fish and ham portions served to residents were small. One resident requested 'extra' serving and received an extra portion of mashed potatoes. Another resident told the inspectors that 'they found the meal portions small when they first came to live in the centre but were now used to smaller meal portions'.

There was a large external enclosed patio area that extended the length of the residents' sitting room, provided a view of the lake and had suitable outdoor seating for residents. The inspectors observed that there were three doors to the patio area, but two of these doors were secured and not accessible to residents. The third door was located within the nurses' station, which meant they had to go through the nurses' station to access the patio area. There was no signage in place to direct residents to this door if they wished to go outside. The inspectors observed a number of residents trying the locked doors in this room to access the outdoor area. The inspectors also observed that staff redirected these residents back to the communal area to sit down and did not explore with them if they wished to go outside for a walk.

While there was an activity programme in place, the inspectors observed that there was a lack of choice of meaningful activities available, and several residents were not actively involved in activities. Throughout the inspection, many residents were seen sleeping in their chairs. On the morning of the inspection, a Mass was televised from a local church on the large television screen in the communal sitting room. Inspectors observed that the activity coordinator was required to carry out other duties at this time, including serving residents' mid-morning refreshments and cleaning tables. Chair exercises took place for residents between 12.10 and 12.20hrs. The inspectors heard many residents declining to participate, and only eight residents participated, while the other residents looked on. A birthday party was arranged in the afternoon for one resident, and a number of the other residents joined them. However, many of the residents, including residents with impaired cognitive ability, did not participate in any activities on the day of the inspection. Residents who spoke with the inspectors said that they 'didn't participate in any activities', 'there was nothing happening that interested them', 'not much happens here' and 'it's the same thing every day'.

Staff and residents knew each other well, and they comfortably engaged together in conversations during care procedures. These observations concurred with residents' feedback to the inspectors. All residents who spoke with the inspectors were very complimentary in their feedback regarding the staff and told the inspectors that staff 'were excellent', 'would do anything for you' and were 'caring and thoughtful'. The inspectors observed that staff were busy the day. However, the inspectors heard

two residents' call-bells for assistance ringing for long periods. One of these call-bells was a resident looking for staff to accompany them back into the sitting room after a visit with their relative in the coffee dock in the reception area. As the doors were secured, this resident or their relative could not access the centre without the assistance of staff. Staff were also involved in answering the front door, which meant that they had to leave what they were doing with residents to complete this task.

Residents told the inspectors that they felt safe in St Joseph's nursing home and would talk to staff or their relatives if they had any concerns.

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

Capacity and capability

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider had, in line with their regulatory responsibilities, submitted an application to renew the registration of the designated centre. The application was reviewed as part of this inspection.

This inspection found that some improvements had been implemented since the last inspections in 2023 and 2024. However, the inspectors' findings evidenced failure by the provider to maintain adequate levels of oversight of the quality and safety of the service as evidenced in this report. As a consequence of this, compliance with a number of regulations had not been sustained and required significant improvement. In addition, the inspection findings also evidenced that a number of actions committed to by the provider in their compliance plan from the last inspection had not been completed. Furthermore, more focus and effort by the provider are now required to ensure that sufficient resources are made available to address the inspection findings and to bring the designated centre into compliance with the regulations.

St Joseph's Nursing Home Limited is the registered provider of St Joseph's Nursing Home. The person in charge of the centre was appointed in March 2021. The provider recently improved the management structure and senior support for the person in charge by appointing a regional manager. This operations manager also provided oversight and support to two other designated centres operated by the provider. On a day-to-day basis, the person in charge is supported by a a clinical nurse manager to manage the centre. Other staff resources included staff nurses, healthcare assistants, activity coordinators, housekeeping, maintenance, catering and administrative staff. There were clear lines of accountability, and the staff members were knowledgeable regarding their roles and responsibilities.

While, there were systems in place to monitor the quality and safety of the service, action was necessary by the provider to improve the timeliness, with which deficits identified that were impacting on the quality and safety of the service and residents' quality of life were effectively completed. Furthermore, the trending of information collected from the provider's incident reporting processes were not progressed in line with the provider's own risk management and safeguarding policies and procedures, and these risks had not been effectively followed up on. This is discussed in detail under Regulation 23: Governance and Management.

The inspectors reviewed the staff rosters and spoke with residents and staff in relation to staffing in the centre and found that the provider had failed to ensure that there were adequate numbers of staff with appropriate skills in place to ensure that residents' social activity needs were met. This was also validated by the inspectors' observations on the day and was negatively impacting on the residents' quality of life in the centre.

The oversight of staff training was good, and staff members were up-to-date with mandatory training requirements, which included annual fire safety, safeguarding residents from abuse and safe moving and handling procedures. However, inspectors found that staff did not demonstrate appropriate skills and knowledge in providing meaningful social activities for residents. Furthermore, improved supervision of staff was necessary to ensure their practices were in line with the centre's policies and procedures and that residents' needs were adequately met.

Records that must be maintained in the centre in accordance with Schedules 2 and 4 of the regulation in relation to two staff employment records were not available in the centre on the day of the inspection.

The inspectors found that a number of safeguarding incidents that required notification to the office of the Chief Inspector within three working days had not been submitted. The inspectors requested retrospective submission of this information.

While the provider had policies and procedures available to inform practices in the centre, these policies were not being consistently implemented. Furthermore, the complaints policy did not reflect the requirements of the regulations.

Regulation 14: Persons in charge

The person in charge commenced in this role in March 2021. The person in charge is a registered nurse and has the clinical and management experience and qualifications as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured that the number and skill-mix of staff was appropriate and adequate to meet the needs of residents. This was evidenced by the following findings;

- The staffing resources available were not sufficient to meet residents' social activity needs. As a result many of the residents did not have opportunities to participate in social activities in line with their interests and capabilities. The allocation of one member of staff to provide activities for the 39 residents in the centre on the day of this inspection, was not adequate to ensure that all residents had access to meaningful activities in line with their preferences and capacities. Furthermore, this member of staff had additional duties to complete, which took them away from providing activities and entertainment for the residents. Consequently, residents spent long periods with little to do apart from watching television or observing the comings and goings in the centre. This is a repeated finding from a previous inspection.
- There was insufficient staff available to meet the needs of residents with confirmed influenza infection. The inspectors observed that staff caring for residents with influenza were also caring for other residents in the centre. This posed a risk of transmission of infection to the other residents.
- Residents were waiting for prolonged periods for assistance from staff in response to ringing their call bells.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff did not have access to appropriate training in relation to the provision of residents' social care. As a result, inspectors found that the provision of social activities did not ensure that all residents who wished to participate had access to meaningful activities that were in line with their preferences and capacities.

Staff supervision was not robust and required improvement. For example, staff were not consistently implementing the provider's own policies and procedures in order to ensure care and services were consistently provided to the required standards. This was evident in the following areas; cleaning procedures, storage of residents' equipment, the management of complaints and incidents, and assessment and care planning practices. These findings are set out under the relevant regulations.

Judgment: Not compliant

Regulation 21: Records

Records, as required by Schedule 2 of the Regulations, were not complete for two staff in the sample of staff files reviewed by the inspector as follows;

- Two employment references were not available in one staff member's file, and only one employment reference was available in a second staff member's file.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that sufficient resources were available, and as a consequence, the inspectors found the following;

Insufficient staffing resources were negatively impacting on residents' care and quality of life, as evidenced under regulations in this report.
The residents' environment on the first floor was not well-maintained, and the necessary work to replace the damaged floor covering and upgrade the painting was not completed.

- The management systems that were in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example;
  Oversight of systems in place to ensure incidents were notified to the office of the Chief Inspector and were recorded and appropriately investigated required action.
- The oversight of management processes in place to protect residents did not ensure that the provider's policy and procedures were consistently implemented to ensure residents were appropriately safeguarded. The inspectors' findings are set out under Regulation 8: Protection.
- Oversight by management of assessment and care planning processes did not ensure that these procedures were implemented in line with the provider's own policy and procedures and the requirements of the regulations. As a result, the relevant information regarding each resident's needs and care interventions were not available to staff. These findings are discussed further under Regulation 5.
- While auditing of key-aspects of care and service delivery was taking place and identifying areas needing improvement, this process was not effectively addressing a number of areas of the service needing improvement as found on this inspection.
- The provider's oversight of restrictions in the residents' environment that were negatively impacting on their rights and choices was not adequate and was not in line with the provider's own policy or the National Restraint policy.

- The rights of residents were not always supported and upheld as detailed under Regulation 9: Residents rights.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the incident reporting documentation found multiple incidents concerning responsive behaviours by residents and inadequate staff practises that had not been recognised as potential safeguarding incidents. These incidents had not been appropriately notified to the office of the office of the Chief Inspector within three working days as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had not ensured that all complaints were recorded and managed in line with their own complaints policy and the regulations. This was evidenced by the following findings;

- Information detailing one resident's dissatisfaction with the service they received was recorded as an incident and had not been investigated and responded to in line with the centre's complaint policy and procedures.
- Further to the investigation of one complaint by the centre's complaints officer, the written response to the complainant informing them of the outcome of the investigation did not inform them of the review process.
- The nominated complaints officer and staff had not been facilitated with suitable training to deal with complaints in line with the centre's policy and procedures.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The required Schedule 5 policies were in place, and had been updated within the previous three years as required by the regulations. However, actions were necessary to ensure the complaint and safeguarding residents from abuse policies were consistently implemented by staff. Furthermore, the centre's risk management policy was not being consistently implemented in relation to the analysis of

information gathered through the provider's incident reporting procedures.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that significant improvements were required to ensure that a safe and good quality service for residents was provided, particularly in the areas of residents' rights, social care and protection of vulnerable residents. Actions were also necessary by the provider to ensure the premises were maintained to the required standards, in residents' care documentation, and to ensure residents' safe evacuation in the event of a fire in the centre. Staff knew residents well, and their interactions with residents were respectful and kind. Residents' usual daily routines and quality of life was negatively impacted on the day of the inspection, due to the arrangements in place to protect them from risk of infection and limited meaningful social activities available to them. Residents' rights and choices were also impacted by restrictions in their environment.

Overall, residents had timely access to medical and health and social care professional expertise. The inspectors found that residents' medical and health care needs were met.

While residents' nursing needs were mostly met, actions were necessary to ensure residents' needs were comprehensively assessed and their care plan documentation reliably guided staff on the care and supports that should be provided for them by staff. Improvements were also required to ensure that resident care was planned in consultation with them. The inspector' findings are discussed further under Regulation 5: Individual assessment and Care Plan.

Although staff made efforts to provide residents with opportunities to participate in meaningful social activities to meet their interests and capability needs, there was limited meaningful social activities available on the day of the inspection for most of the residents, including residents living with cognitive impairments and dementia. The inspectors also observed that actions were necessary to ensure residents' social activity needs were adequately assessed and that their social activity care plans directed staff on a social activity programme to meet their individual interests and capacities.

Notwithstanding a number of improvements made by the provider to protect residents from the risk of fire, actions were necessary to ensure residents' safe and timely evacuation in the event of a fire in the centre. Up-grading to a number of areas in a number of areas of the premises was completed to a good standard, but this standard was not maintained throughout the premises. The first and second floors were not well-maintained, and the layout of a number of the twin bedrooms did not meet residents' needs. The inspection findings are discussed further under

Regulation 17: Premises.

Although processes were in place to ensure residents were safeguarded from abuse, there was not adequate oversight of the implementation of these processes, which did not ensure they were effective. For example, the inspectors were not assured that residents' risk of abuse was adequately mitigated as not all incidents were recognised as possible safeguarding incidents and appropriately investigated and managed. The inspectors were not assured that the provider had adequately reviewed and put systems in place to effectively manage an increased incidence of peer-to-peer incidents and the associated risks posed to residents. From a review of a sample of the documentation regarding these incidents, the records indicated that individual incidents were not appropriately managed and referred in line with the policy in a timely manner. The inspector's findings are discussed under Regulation 5: Managing behaviour that is challenging and Regulation 8: Protection.

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their friends and visitors in the centre. Visits were encouraged with precautions to manage and mitigate the risk of infection to residents.

Residents had access to local and national newspapers and radios. While televisions were available in the communal sitting rooms, some residents in the twin bedrooms shared a television and did not have an individual choice of television viewing and listening as they wished.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspectors found that residents' communication needs were regularly assessed, and a care plan was developed for those residents who needed support to communicate effectively. The inspectors observed that residents with vision and hearing needs had appropriate access to healthcare specialists and had assistive equipment to meet their needs.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in place, and visitors were observed meeting with residents in the centre on the day of inspection. Residents told the inspectors that their visitors were welcomed and that they were able to meet with their visitors in the coffee dock area off the reception area of the centre or in the adjacent visitors' room outside of their bedrooms as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

While wardrobes were provided for residents to store their clothing, residents accommodated in one of the twin bedrooms on the first floor could not maintain control of their possessions in the shared walk-in wardrobe provided. This was because their clothes were kept together, which could be accessed by the other resident sharing the bedroom. Furthermore, both residents' clothing were untidily stored together on a shelf in this wardrobe. This meant that neither resident could readily access their clothing.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had not ensured that the centre premises conformed to all of the matters set out in Schedule 6 of the regulations regarding the following findings;

- The layout and design of a number of twin-occupancy bedrooms did met the needs of residents in accordance with the centre's statement of purpose. This was evidenced by the following findings;
    - While three twin bedrooms viewed by the inspectors were spacious, the layout of these bedrooms did not facilitate residents who needed to use assistive equipment to safely manoeuvre their own and other mobility assistive equipment around their bed without disturbing the resident in the bed next to them. There was enough space between the beds for both residents to rest in a comfortable chair by their bedside. Furthermore, this limited space between the residents' beds and their screen curtains did not give assurances that their needs for privacy and dignity during personal care and transfer procedures would be respected.
    - The design and layout of twin bedrooms number 115 could not meet the needs of two residents if the room was used for twin occupancy. At the time of this inspection, this twin bedroom was being used for single occupancy with the second bed, wardrobe, bedside locker and chair removed.
- The premises were not kept in a good state of repair internally. For example: Paint was damaged and missing in a number of areas on the wooden and wall surfaces along the corridors. The floor covering throughout the corridors on the first floor was damaged, stained and worn.
- Suitable and sufficient storage facilities for residents' assistive equipment in the centre were not available. For example: Three hoists were stored in the

sitting room throughout the day of inspection. This meant that the space available for residents' use in the communal room was reduced and potentially hindered their safe access, causing a potential trip/fall hazard for residents. This finding is repeated from previous inspections.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspectors observed that the mealtime experience for residents required review to come into compliance with the regulations with regard to the following:

The inspectors were not assured that residents' meals met their nutritional needs. While the residents were provided with a choice of a hot lunchtime meal each day, the inspectors observed that the portions of salmon and ham served on the day of inspection to residents appeared to be small. In addition, there was evidence available that a number of residents needed nutritional supplements as recommended by the dietician due to their history of unintentional weight loss.

Judgment: Substantially compliant

Regulation 26: Risk management

An up-to-date risk management policy was available to staff and included the required information and controls to manage the risks specified by Regulation 26(1). The policy information provided guidance for staff with recording, risk assessment, review, effective resolution and implementation of controls to prevent recurrence.

Judgment: Compliant

Regulation 27: Infection control

The provider mostly met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018). However, further action was required to ensure residents were effectively protected from the risk of infection. For example;

- The surface of the waste water drainage unit and the sink in the cleaner's room were not clean, and cleaning buckets had residual white sediment on their internal surface. These findings posed a risk of cross-infection to residents.

- The surface of a sink and surrounding wooden surfaces located in the residents' communal sitting room on the ground floor was not clean.
- As the surface of the floor covering on the corridors throughout the first floor was damaged, stained and worn in a number of areas, the provider could not be assured that this flooring was effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate assurances regarding residents' safe evacuation in the event of a fire in the centre were not available. The records of two recent simulated evacuation drills referenced evacuation timescales of greater than eight minutes and did ensure residents' timely evacuation to a place of safety in the event of a fire in the centre. There was no evidence available that the provider had identified and effectively mitigated this risk to residents' safety.

Furthermore, the simulated fire evacuation drill information reviewed by the inspectors did not reference that residents' supervision by staff after their evacuation had been considered.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Actions were necessary to ensure that residents' care documentation reflected their individual assessed needs and was updated to clearly direct staff regarding the care interventions they must complete to meet each resident's assessed needs and to ensure that pertinent information regarding each resident's care was effectively communicated to all staff. For example:

- Two residents' end-of-life care documentation regarding their hospital transfer and resuscitation wishes were not completed. A further four residents' care plans had not been updated or reassessed since these residents' admission to the centre.
- Two residents had sensor mats in place at night due to their high risks of falls or wandering. However, this information and their associated care needs were not recorded in their care plan information. As a result, these residents' care plans did not direct staff to ensure this equipment was in place at night and that the relevant safety checks were carried out.
- One resident with chronic wounds had multiple updated entries hand written

in their care plan. These entries were not written in a clear chronological order and did not clearly guide staff on their care of this resident's wounds.
- One resident's pre-admission assessment recorded that they had wandering tendencies and were prone to displaying responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, their needs were not adequately assessed or described in their care plan.

Judgment: Not compliant

Regulation 6: Health care

Nursing practices in relation to residents' assessment and care documentation did not ensure that residents received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. The inspectors' findings are discussed further under Regulation 5: Individual Assessment and Care Plan.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had not ensured that where restraint was used, it was used in accordance with national policy and the provider's restraint policy, as evidenced below.

- The inspectors looked at two files for residents with sensor mats in place to mitigate their risk of falling. There was no evidence of consultation with members of the multi-disciplinary team, the residents, or where appropriate, their nominated persons regarding this intervention.
- There was no evidence that a risk assessment was completed to inform the use of this restrictive practice.
- There was no signed consent.

There were a number of restrictions in the residents' lived environment, which were impacting on their choice to freely mobilise around the centre as they wished. For example:

- Two main doors leading to the external enclosed patio area were locked.
- The coffee dock, which is registered as a communal space for residents, was not accessible to them as they wished. This was due to secured doors to this area, which meant that residents had to be escorted there either by staff or

visitors and then had to ring a bell and wait for a member of staff to come and open the door to give them access back into the rest of the designated centre.

Judgment: Not compliant

Regulation 8: Protection

Residents were not adequately protected from the risk of abuse. While staff had access to safeguarding training, this training was not effective. Two safeguarding concerns documented in complaints received by the provider alleging acts of neglect and omissions in residents' care and 11 peer-to-peer physical and psychological incidents involving residents, had not been recognised and responded to in line with the registered provider's safeguarding policy. This failure to recognise safeguarding concerns creates a significant risk for residents. Incidents had not been managed in line with the National Policy and Procedures for Safeguarding Vulnerable Persons at Risk of Abuse 2014. For example;

- The inspectors found that there was limited evidence of completion of preliminary assessments, appropriate referral, development of safeguarding plans and investigation of alleged safeguarding incidents.
- Furthermore, not all reasonable measures to protect residents and to prevent re-occurrence were taken by the provider in regard to the high number of peer-to-peer incidents.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had failed to ensure that residents were provided with adequate opportunities to participate in meaningful social activities that met their interests and capacities. The inspectors observed that the social activity programme for residents was limited and was only available for a small number of residents. Many of the residents sitting in the sitting room on the day of the inspection were not supported to participate in meaningful social activities to meet their interests and capabilities, leading to a high reliance on television viewing. The inspectors' observations were supported by feedback from a number of residents who told the inspectors that they did not participate in any social activities or that there were no social activities available that suited their interests and capacities.

The location of the beds and the bed screen curtains in a two twin bedrooms did not allow for ease of access by staff to both sides of the beds to carry out care personal care and transfer procedures without negatively impacting on residents' privacy and

dignity and disturbing the resident in the other bed in these bedrooms.

Residents were not supported to exercise choice in their daily routines. This was evidenced by the following:

- Residents in a number of twin bedrooms shared one television. The provision of one television for sharing between two residents did not ensure that each resident had a choice of television viewing and listening.
- Residents were not supported to access the outdoors as they wished.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Josephs Nursing Home OSV-0005413

Inspection ID: MON-0044857

Date of inspection: 14/01/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: St Joseph's NH have recruited additional Activity Staff who will complete a period of orientation and specialised Activity training to support them to meet resident's social activity needs. The role of the HCA will be separate from the role of the Activity's staff with individual allocated daily tasks to ensure that all residents social activity needs are met as per their individual wishes, choices and preferences. Staffing levels will continue to be monitored by management to ensure they meet the needs of all the residents in St Joseph's NH. Newly recruited staff will complete a period of orientation and probation supported by senior staff to ensure they meet the requirements to support the residents of St Josephs NH in the delivery of Activities of Daily Living. St Joseph's NH management will continue to monitor and Audit call bell response times to ensure that residents seeking assistance are attended too within a reasonable period of time. On the day of the inspection call bells were ringing consecutively which may have been interpreted as one bell ringing for a prolonged period of time. As Team leaders on the floor Staff Nurses will continue to monitor and support the health care assistants on a daily basis. The Director of Nursing and Clinical Nurse Manager will continue to monitor guide and support the Nursing Team on a day-to-day basis both.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and	

staff development:
The activities' coordinator has been enrolled for additional training in relation to social care.
Newly appointed staff complete a period of orientation supported by both senior staff and management.
All staff complete mandatory training, and additional training is provided as determined by the needs of the Nursing Home to ensure all staff have the skills and competencies to effectively meet the needs of the residents living in St Joseph's NH.
St Joseph's NH are currently recruiting the following staff – SN's, HCA's, Activity staff and Household staff.
All staff complete Induction training with the support of senior staff and under the guidance of the Director of Nursing and the Clinical Nurse Manager. During the probation period all newly appointed staff meet with management to ensure that the probation period is running smoothly and that staff are settling into their individual roles and developing the necessary skills and competencies to deliver a high standard of individual care to the residents of St Josephs NH.
Storage of resident's equipment has been reviewed, and a new storage area has been created off the sitting room on the ground floor. This storage area will accommodate Hoists and Chargers. All incidents highlighted on the day of inspection have been retrospectively notified.
Complaints training has been booked for the management team and completed by the PIC and the Regional Manager. Staff in St Joseph's NH will be guided and supported by Management in the effective management of complaints.
A full review of resident's files and care plan documentation was ongoing on the day of the inspection. This is a work in progress under the supervision of the management team in St Joseph's NH.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Two references are available in all staff files.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Outstanding NF06's have been submitted retrospectively in relation to the 2024 Peer to peer incidents.

Going forward all NF06's will be notified to the office of the Chief Inspector within the required timescale.
Management have met with CH01 Safeguarding team to ensure that going forward all peer-to-peer incidents are appropriately recorded, investigated and effectively managed. St Joseph's NH will continue to safeguard all residents at all times.

St Joseph's NH are actively recruiting HCA's, Household staff, Activities staff, Physiotherapist and Staff Nurses.
Management will continue to monitor resident's dependency levels which enables them to determine the staffing level required to deliver a high standard of care to the residents of St Joseph's NH
The number and skills mix of staff working on any given day is overseen by the Director of Nursing who adjusts the staff rosters accordingly.
During periods of increased needs such as during an outbreak staffing levels are adjusted to meet the needs of the resident's living in St Joseph's NH.

A Regional Manager has been recruited by the provider to support St Joseph's management team with oversight in relation to Governance & Management. The Regional Manager reports directly to the Provider.

St Joseph's Assessment and care planning documentation is currently under review. This is a work in progress under the supervision of the Management team in St Joseph's NH. The updated care plan format takes into consideration Resident's rights, wishes, choices and preferences in relation to the delivery of individual person-centered care.

The Management team in St Joseph's will continue to Audit the service delivery to identify and address all areas of the service needing improvement.

Environmental restrictions in place in St Joseph's such as Window restrictors and key coded doors are discussed with residents as part of their individual care planning. Security locks on the 2 doors leading from the main sitting room to the outdoors have been placed on a timer to allow residents free access to outdoor space during daylight hours while continuing to provide security to residents during nighttime hours.

Environmental Audit results have enabled the provider to develop a compliance plan to continue to improve the environment focusing on floors, twin rooms, furniture and cosmetic appearance.

Regular resident meetings and monthly feedback informs Management if residents have any areas of care that they wish it improve / change.

Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of	

incidents:
Outstanding NF06's have been submitted retrospectively in relation to the Peer to peer incidents in 2024.

Going forward all NF06's will be notified to the office of the Chief Inspector within the required timescale.

Management have met with CH01 Safeguarding team to ensure that going forward all peer-to-peer incidents are appropriately recorded, investigated and effectively managed.

A full review of the documentation in relation to the use of restrictive practice is currently taking place as part of the care plan documentation review.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The Regional Manager and the Director of Care have completed updated Complaints Training to date. The Provider Representative and the CNM are booked to complete updated Complaints training.
Management will deliver in-house guidance and support to all staff in relation to the management of complaints.
St Joseph's Complaints procedures and processes has been reviewed.
Documentation has been reviewed and updated to ensure St Josephs have written evidence that a review process, including the name of the review officer has been offered to the complainant.
The details of the nominated review officer and identified time frames is currently included in the center's management of complaints policy - pages 7 & 8.
This information is also displayed in key areas throughout the building.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
St Joseph's Incident Reporting procedures have been reviewed and updated.

Governance and Management meetings are held monthly, and all incidents, safeguarding, episodes of responsive behaviour and complaints are discussed and

reviewed with plans made if additional actions are required.

The staff of St Joseph's NH will continue to be monitored, supervised and supported by management to implement the center's Risk Management Policy.

Risk assessments are reviewed and analyzed at the Monthly Governance and Management meeting with newly identified Risks reviewed in relation to Mitigation of the identified Risk.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
Residents in Room 117 will no longer share the walk-in wardrobe
The layout of the twin room has been reviewed.
Additional furniture has been ordered to accommodate the possessions of the 2nd resident

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The layout of each twin room has been reviewed with a plan in place for each room.
Additional furniture has been ordered to ensure each resident has individual storage space within their room.

Additional Televisions with listening devises are on order to ensure each resident sharing a twin room has access to their own Television if this is their wish.

Management have taken the decision to leave Bedroom 115 as a Single room.

The annual environmental compliance plan includes the upgrading of flooring throughout the building focusing on high priority areas primarily.

Regular in-house maintenance continues to focus on areas that need immediate attention.

The maintenance team work from an annual plan in relation to the upgrading and general maintenance of the building focusing on high priority areas.

Storage space which does not impede the resident's communal space has been created to store hoists and chargers on the ground floor.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
Residents in St Joseph's NH will continue to be offered hot meals at breakfast, midmorning, lunch, tea and suppertime. In addition to these times Residents can avail of hot snacks as requested at any other times.

Residents clinically assessed as requiring MDT input in relation to weight loss / gain will continue to be referred to the Dietician and / or GP for further input.

Oral Nutritional Supplements as recommended by the Dietician and prescribed by the attending GP will continue to be offered to residents.

Resident menus and portion sizes will be reviewed by a Nutritionist at a pre-planned meeting.
This meeting will focus on Meat / Fish portion sizes in relation to each resident's individual assessment / wishes and choices.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Management have reviewed all cleaning schedules including enhanced cleaning during outbreaks.
This meeting included input from the Senior Housekeeper and an Infection Prevention and Control Link Practitioner.

All cleaning schedules including outbreak protocol and deep clean schedules have been updated to ensure all areas of the building

Additional cleaning equipment is on order.

The hand washing sink in the resident's communal area is scheduled to be removed from the area.
The HBN10 sink in the sitting room has been relocated to give staff easier access to it.

The flooring on the first floor is to be replaced as part of the continuous upgrading of the environment and is included in the annual compliance plan.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
St Joseph's NH will continue to hold regular Fire Drills and evacuation drills

Going forward we will ensure that compartment evacuation timescales aim for 5 minutes or under.

Fire evacuation drill reports will reference the supervision of resident's post evacuation

The Director of Nursing will monitor evacuation timescales to ensure a timely and safe evacuation of the residents

This information will be reviewed by the provider during the monthly Governance and Management meetings with a plan put in place if further actions are required

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
St Joseph's NH are currently undergoing a full review of Nursing Assessments and Care plans to ensure that all residents receive a high standard of evidence-based nursing care in accordance with NMBI professional guidelines.

This is a work in progress under the guidance and support of the Clinical Nurse Manager, the Director of Nursing and the Regional Manager.

This review will ensure that all Residents Assessments and Care Plans are up to date with the next review date evident on the documentation.

All End-of-life care wishes in relation to transfer to hospital and resuscitation will be identified on the residents updated care plan

All re-assessments post admission will be reviewed within the maximum four-month

period or sooner as required should their condition change.

Residents assessed as requiring Sensor Mats at night will have this information and their associated care needs reflected in their updated care plans.
All safety checks in relation to Restrictive practices will be carried out and recorded for individual residents.

All information recorded in care plan reviews will be logged in chronological order to clearly guide staff in the delivery of wound care.

Care plans for residents who display responsive behaviour will have this information included in their care plan with clear guidance for staff on how to deliver care to these residents.

Care plans for residents "living with Dementia" will outline their needs as assessed and give guidelines to staff in relation to how they may communicate their individual needs such as physical discomfort or discomfort with their social or physical environment.

The Director of Nursing and the Clinical Nurse Manager will continue to
support, guide and monitor staff in the delivery of individualized person centered care to the residents of St Joseph's NH.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
St Joseph's NH are currently undergoing a full review of Nursing Assessments and Care plans to ensure that all residents receive a high standard of evidence-based nursing care in accordance with NMBI professional guidelines

This is a work in progress being overseen by the Clinical Nurse Manager, The Director of Nursing and the Regional Manager.

The following documents are being reviewed
Nursing Care plans
Nursing assessments
Restrictive practice paperwork
Activity records

The Director of Nursing and the Clinical Nurse Manager will continue to Audit internal processes including care plans to ensure all documents are completed to a high standard and actions as a result of these Audits will continue to drive continuous improvements.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
A full review of the documentation in relation to the use of restrictive practice is taking place. This review includes a review of consultation with the multi-disciplinary team, the residents, or were appropriate their nominated person.

Risk assessments will be completed for all residents using sensor mats.

Consent will be sought for all Residents using Sensor mats and any other Restrictive Practice
Internal Audits will continue to be held by the Clinical Nurse Manager and the Director of Nursing with the results driving continuous improvement

Security locks on the 2 doors leading from the main sitting room to outdoors have been placed on a timer to allow residents free access to outdoor space during daylight hours and continuing to provide security to the residents during nighttime hours.

The Coffee Shop has been renamed as a Visitors Area.
The area has been risk assessed as it is assessable from the external car park and for that reason key coded access has been deemed as a safe mitigation of the risk. This allows staff to escort residents to the visitor's room and back from it therefore minimizing the risk of a resident absconding from the building.

Residents' care plans will outline any restrictions in place based on risk assessment and safety with clear guidelines for staff in relation to their care.

The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Outstanding NF06's have been submitted retrospectively in relation to the Peer to peer incidents discussed during the inspection.
Going forward all NF06's will be notified to the office of the Chief Inspector within the required timescale.

A full review and analysis of all 2024 peer-to-peer incidents has been completed by Senior Management.
This analysis has been discussed with the CH01 Safeguarding team in an onsite meeting in St Joseph's NH on 6th March 2025.
Existing resources were discussed with the Safeguarding officer who has offered to provide ongoing support, guidance and advice to the Management team in St Joseph's NH
Management are booked to renew Designated Officer Training with the Safeguarding office.

All residents have a pre-admission assessment completed to ensure that St Joseph's NH can provide the level of care assessed as being required.
Residents with complex care needs will continue to be assessed on an individual basis with additional specialist services support requested if required.

Training plans for staff continue to be monitored by the Director of Nursing and if additional specialized training is required to meet an individual resident's complex needs this will be provided by the company.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: the Activities offered to residents.
These staff will be offered additional training to ensure they have the skills and competence to ensure all residents have equal access to meaningful activities in line with their preferences and capacities.

One-to-one activities will continue be offered in addition to group activities and residents will continue to be given their choice in relation to activities on offer.

Regular resident meetings and one-to-one feedback will be used to gauge if residents are happy with the range of activities on offer with the programme adjusted as necessary following resident input.

All residents have an Activities care plan in place identifying their individual wishes / choices in relation to Activities
Additional TVs and listening devices are on order to ensure residents sharing twin rooms have access to their individual TV and a choice of programme they wish to watch.

Security locks on the 2 doors leading from the main sitting room to outdoors have been placed on a timer to allow residents free access to outdoor space during daylight hours.

The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2025
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	30/06/2025

	and other personal possessions.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/03/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/04/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	28/02/2025
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	30/09/2025
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	30/03/2025
Regulation 21(1)	The registered	Substantially	Yellow	28/02/2025

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Compliant		
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	28/02/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2025

Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/03/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	28/02/2025
Regulation 34(1)(a)	The registered provider shall provide an accessible and 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.	Substantially Compliant	Yellow	28/02/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response	Substantially Compliant	Yellow	28/02/2025

	informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	28/02/2025
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	31/05/2025
Regulation 34(7)(b)	The registered provider shall ensure that all	Substantially Compliant	Yellow	31/05/2025

	staff are aware of the designated centre's complaints procedures, including how to identify a complaint.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	28/02/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/05/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	28/02/2025
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	Not Compliant	Orange	30/05/2025

	it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/05/2025
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.	Not Compliant	Orange	30/03/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	28/02/2025
Regulation 8(3)	The person in charge shall	Not Compliant	Orange	28/02/2025

	investigate any incident or allegation of abuse.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/04/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/07/2025
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.	Not Compliant	Orange	30/06/2025