



**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:	Rivervale Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	Rathnaleen, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	27 September 2022
Centre ID:	OSV-0005519
Fieldwork ID:	MON-0037807

About the designated centre

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

Rivervale Nursing Home is a purpose-built single storey nursing home that provides 24-hour nursing care. It is located in a rural area close to the town of Nenagh. It can accommodate up to 45 residents over the age of 18 years including persons with dementia. It is a mixed gender facility catering for low to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining room, day room, smoking room, conservatories, hairdressing room and a landscaped secure garden area. Bedroom accommodation is offered in both single and twin rooms with en-suite bathroom facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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 27 September 2022	10:30hrs to 17:30hrs	John Greaney	Lead
Wednesday 28 September 2022	08:30hrs to 15:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall from what residents told the inspector and from observations, residents were supported to enjoy a good quality of life in Rivervale Nursing Home. Residents were offered choice in many aspects of their care, such as what activities they wished to pursue, what meals they would like to eat and their individual choices around what items of clothing they wished to wear.

The inspector arrived unannounced on the first day of the inspection. An opening meeting was held with the recently appointed person in charge to outline the proposed inspection process. Following the opening meeting the inspector was accompanied on a tour of the centre by the person in charge.

Rivervale Nursing Home is designed around a large central atrium with corridors leading to four wings. It is a single storey facility and residents are accommodated in a mixture of single and twin rooms, all of which are en suite with toilet, shower and wash hand basin. Residents' bedrooms are in three wings, namely the East Wing, the West Wing and the Respite Wing. The fourth wing contains a meeting room, laundry, kitchen and other ancillary facilities. The West Wing comprises thirteen single bedrooms, the East Wing has eight single and four twin bedrooms, and the Respite Wing has seven twin rooms. Two of the single rooms in the East Wing had previously been twin rooms but were reduced to single occupancy as they did not meet the regulations in terms of minimum size. The provider had built a small room adjacent to each of these two bedrooms with plans to return the occupancy to twin rooms.

On the days of the inspection the centre was in the latter stages of an outbreak of COVID-19 during which seven staff and five residents tested positive for the virus. Adequate arrangements were in place from an infection prevention and control perspective for the management of the outbreak. Staff were returning to work following completion of the isolation period and residents were also emerging from isolation.

Overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared clean. The laundry facility supported the separation of clean and dirty laundry. The inspector saw that hand gel dispensers and dedicated clinical hand wash sinks were readily available along corridors for staff in the centre.

There are large and small communal sitting rooms, a dining room and two conservatory sun rooms, which provided a variety of environments in which residents could spend their time, eat their meals, relax or socialise. There is also an enclosed outdoor area accessible from one of the conservatories and from the dining room. One of the conservatory sun rooms was being used as a smoking room by some residents even though there was a separate designated smoking room. Access to the outdoor area was mainly through this route, exposing residents to the aroma

of stale smoke should they wish to use this route to the garden. It also meant that this room was not available to other residents.

The inspector observed that there was a good level of visitor activity and residents were seen to meet with visitors throughout the day, both in communal areas and in residents' bedrooms. Visitors completed COVID -19 health checks when they arrived and wore face masks before entering the building. The inspector spoke with three visitors over the course of the inspection. They said that they were happy with the care their loved ones received and that staff were kind and caring.

The inspector observed staff and resident interactions throughout the day and found that staff were familiar with residents and provided care in a respectful manner. Residents with communication support needs were given time a by staff to express their needs. Residents with mobility care needs were attended to by staff in a timely manner. Staff were seen to engage residents in a supportive manner, where residents required support with moving and handling equipment such as hoists and mobility aids such as walking frames.

The inspector noted that improvements were ongoing with the premises. There was new floor covering in some bedrooms and plans were in place to change the floor covering in other rooms and in the treatment room.

Overall residents reported being happy and content living in the designated centre. Residents went on to add that staff were kind and caring and were there to support them. Residents indicated that they felt safe and that they could raise concerns if they had a need to do so.

The next two sections of this report presents findings in relation to the governance and management arrangements in the centre and on how this impacts on the quality and safety of the services provided to residents.

Capacity and capability

This was a risk inspection carried out to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). Overall, this inspection found that improvements had been made by the registered provider in response to findings of previous inspections. However, some improvements were required in relation to the status of fire safety works, contracts of care, and policies and procedures.

The registered provider of Rivervale Nursing Home is Blockstar Ltd., a company comprising four directors. Blockstar Ltd. is also the provider of three other nursing homes. The management structure comprises a regional manager with oversight of four designated centres and a strategic manager, predominantly responsible for environmental related issues, such as fire safety. There is a person in charge of this designated centre. The person in charge is supported by an assistant director of

nursing and team of nurses, carers, catering, cleaning, activity, maintenance and administrative staff. Lines of authority and accountability, and roles and responsibilities were understood by all staff. A review of the centre's staffing, rostered on the day of inspection, found that the staffing levels and skill mix were adequate to meet the assessed care needs of the residents during the day, based on the size and layout of the building. A review was required of night time staffing levels. A review is also required of staff roles in relation to the provision of activities.

The centre is currently registered to accommodate 43 residents. The registration expires on 08 January 2023 and an application to renew the registration has been received. In the application to renew the registration, the provider has applied to increase bed capacity by converting two single bedrooms to twin bedrooms by adding an extension to these rooms. These bedrooms had previously been twin rooms but did not comply with the regulations in terms of size and did not provide adequate space for residents to store personal belongings and to have a comfortable chair at their bedside. The provider had made an opening in the exterior wall of these rooms approximately 112 centimetres wide and added an extension enclosed with PVC like material with windows to allow light into the bedroom. The inspector assessed these rooms and determined that they were not suitable for two residents and should remain as single rooms.

The provider had a system in place to monitor the quality and safety of the service. There was a comprehensive programme of audits that included audits of clinical and environmental aspects of the service. The programme of audits included infection prevention and control, medication management, falls management, the use of restraint and skin care. There were associated action plans identifying quality improvement initiatives in response to the findings of the audits. An annual review, had taken place for the year 2021, which identified areas for improvement in 2022.

Training was provided for all staff appropriate to their role. A review of training records indicated that all staff had attended up to date training in mandatory areas such as fire safety, safeguarding residents from abuse, manual handling and responsive behaviour. Staff who spoke with the inspector demonstrated the required skills, competencies and experience to carry out their roles effectively.

The inspector reviewed a sample of four staff files and found that they contained most of the requirements as set out in schedule 2 of the regulations. All staff were Garda vetted prior to commencing employment in the centre. There were not always comprehensive employment histories or references from previous employers.

A review of contracts for the provision of services found that all residents had an agreed contract in place. The contract did not provide adequate detail on the room to be occupied by the resident. Action was required to ensure full compliance with Regulation 24, Contract for provision of services.

The centre had a complaints policy, however, the independent appeals process was not accurately reflected in the policy and a review was required of the process for ensuring that all complaints were adequately addressed. A complaints procedure was prominently displayed in the centre. A review of complaints records indicated

that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted all of the required information in support of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge of the designated centre. The person in charge had been appointed to the role in July 2022. She was a registered nurse and had the required experience and qualifications to be person in charge.

Judgment: Compliant

Regulation 15: Staffing

There was a need to review staffing in the centre at night time as there is one nurse from 11pm to 7am to meet the needs of 41 residents and supervise care staff in three wings of the centre. Care staff during this time comprise two healthcare assistants with an additional healthcare assistant providing one to one care to a resident but this staff member could not be included in the overall care numbers.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were facilitated and supported to attend training. A review of training records indicated that all staff had attended up-to-date training relevant to their roles. Adequate arrangements were in place for the supervision of staff.

Judgment: Compliant

Regulation 21: Records

A review of a sample of staff personnel records found that there were gaps in employment histories for which a satisfactory explanation was not recorded. In the absence of a comprehensive employment history it was not possible to ascertain if employment references were from the staff member's most recent employer.

The staff roster did not identify when staff were absent due to statutory leave and therefore it was not an accurate reflection of the staffing in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management system in place for the oversight of fire safety was not sufficiently robust to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

This was evidenced by:

- a fire safety risk assessment had been conducted in 2021. An up to date action plan was not available in the centre to identify what works had been completed and what remained outstanding
- other issues in relation to fire safety are outlined under Regulation 28 Fire safety

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care found that the room to be occupied by a resident was not specified nor did it include the number of other residents in that room, if any. This is not in compliance with the requirements of regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were notified to the Chief Inspector in line with the regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints officer was also identified as the person responsible for oversight of the complaints process and this does not comply with the requirements of the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Some policies were in need of review as they had not been reviewed at a minimum of every three years. For example, the safeguarding policy and the policy on challenging behaviour were last reviewed in August 2019.

The policy on the management of complaints did include the independent appeals process. The complaints officer was also identified as the person responsible for oversight of the complaints process and this does not comply with the requirements of the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Nonetheless, this inspection found that action was required in relation to the management of smoking, residents' rights and the premises.

On the day of inspection there were 41 residents living in the centre with two vacant beds. Residents' needs were comprehensively assessed using clinical assessment tools and care plans were developed based on these assessments. The sample of care plans reviewed indicated that care was underpinned by a human rights-based approach and ethos. Overall, care plans were detailed and updated at least every four months or more frequently if residents' needs changed. Evidence was seen of ongoing medical review and general assessments of residents' skin integrity, malnutrition, and risk of falls. Residents had good access to general practitioners (GPs). Dietetic, speech and language (SALT) and tissue viability services were provided by a private nutritional company. There was access to weekly physiotherapy and to occupational therapy services if needed. Action was required in relation to the assessment and monitoring of residents following un-witnessed falls.

There was a positive focus on fire safety that included frequent fire evacuation drills that were supplemented by regular education sessions. Fire safety equipment was serviced and certified by a suitably qualified person. The required fire safety checks had been completed. Fire drills were undertaken regularly, including evacuation drills. Staff were familiar with horizontal evacuation methods and had simulated evacuating residents. This supported staff to feel competent and confident in the evacuation of residents. More detail, however, was required in drill records in order for the provider to be assured that all residents could be evacuated in a timely manner. Each resident had an individual personal emergency evacuation plan (PEEPs) available. Action was required in relation to the management of smoking, specifically in relation to residents smoking in non designated smoking areas and the impact of smoking on other residents. This is discussed in more detail under Regulation 28 and Regulation 9 of this report.

Adequate arrangements were in place for the care of residents diagnosed with COVID-19. Staff had access to alcohol hand sanitiser dispensers and personal protective equipment (PPE) such as gloves and aprons were easily accessible to staff. Action had been taken by the provider in relation to the findings from the last inspection. Staff were seen to adhere to recommended practice in relation to the wearing of (PPE). Housekeeping staff were aware of their responsibilities in relation to minimising the risk of cross infection through effective cleaning practices. There was a colour coded system was in place, for example, bathrooms had a specific colour cleaning cloth to minimise the risk of cross infection. The environment and equipment in use by residents was clean and bedrooms were regularly deep cleaned.

Residents' general well being was enhanced by the choice of appropriate activities available to meet their preferences and life experience. Over the course of the two days of the inspection, activities were seen to be facilitated in the main sitting room. The activities coordinator was responsible for supervising residents in the sitting room. This practice, however, meant that residents that spent time in their

bedrooms and chose not to participate in group activities did not have access to one to one activities as staff responsible for providing activity were required to remain in the sitting room area. Residents' meetings were held regularly, which provided opportunities for residents to express their opinion and be informed of any changes. Minutes of these meetings were reviewed by the inspector.

A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise, of the complainant was recorded, as required by the regulations. A review was required of the complaints procedure to ensure that it complied with the regulations.

Residents told inspectors and the inspector observed that staff were kind and caring when interacting with residents. Staff spoken with were clear in their understanding of what constituted abuse and the procedure for reporting abuse. Residents spoken with stated that they felt safe in the centre and knew who to contact if they any concerns. The inspector met with two visitors on the day of the inspection. The visitors were complimentary of the staff and of the care provided to their relatives.

The inspector saw that overall the premises met the needs of the residents and that there were some renovations ongoing in the centre on the day of inspection. Some findings that required action are outlined under Regulation 17; Premises.

Residents told the inspector that they were satisfied with the arrangements in place for laundry and the inspector saw that clothes were neatly folded and well maintained for residents.

Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week, at times of their choosing. Residents were able to receive visitors in a variety of locations including their bedrooms and dedicated areas within the centre. Visitors were requested to complete a brief screening for signs and symptoms of COVID-19 on arrival to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' clothing was laundered in the centre. Adequate arrangements were in place for the return of laundry to residents following laundering. Residents expressed satisfaction with the service provided by the centre.

Judgment: Compliant

Regulation 17: Premises

While renovations were ongoing in the premises, there was a need for further improvement. For example, some floor coverings were scuffed and damaged. Some bedrooms were also in need of painting.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirement of the regulations. For example, specific risks as outlined in the regulation such as aggression and violence, and associated measures and actions to control this risk, were included. Arrangements for the identification, recording, investigation and learning from serious incidents or adverse events were evident. The provider maintained a register of risks which identified risks in the centre and the control measures in place to mitigate the risks identified.

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

While there were frequent fire drills, records of drills did not contain adequate detail to make a determination on the adequacy of the drill. For example, one fire compartment contains 14 beds. While fire drills were conducted in this compartment

that simulated night time staffing levels, it was not possible from the drill record to ascertain if the drill simulated the evacuation of the entire compartment.

Action was required in relation to the management of smoking. Residents were observed to smoke in a room that was not designated for smoking. This room did not have an extractor fan, a call bell, fire fighting equipment or a smoking apron.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate arrangements in place for the ordering, receipt, storage, administration and disposal of medication, including drugs that that required additional controls. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. Good medication administration practices were in place and were supported by access to pharmacy services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a sample of care plans reviewed by the inspector, residents were comprehensively assessed using evidence-based assessment tools. Assessments were carried out within 48 hours of admission and care plans reviewed within four months or when the residents' care needs changed in line with regulatory requirements. Individualised care plans were developed based on each resident's assessment that set out the needs and choices of residents and contained sufficient detail to guide staff.

Judgment: Compliant

Regulation 6: Health care

Action was required in the assessment and care of residents following an un-witnessed fall. Observations to be recorded were not always completed at the recommended frequency following a fall.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Records and practices observed on the day of the inspection demonstrated that responsive behaviours were managed in the least restrictive way. Assessments and care plans for restraints were completed and seen to be used in accordance with the current national policy. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up, as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. All staff were provided with refresher training on safeguarding and could demonstrate the principles of the training in practice. A sample of personnel records showed that An Garda Siochana (police) vetting disclosures were secured prior to staff commencing employment, for the protection of residents.

The provider was pension agent for four residents and adequate arrangements were in place for the management of residents' finances, including a designated client bank account.

Judgment: Compliant

Regulation 9: Residents' rights

Some residents smoked in a sitting room that was not the designated room for smoking. This room was the main route for accessing the enclosed garden. This room provided a scenic view of the garden that was landscaped to a high standard with shrubs and flowers. Due to this area being used for smoking it would not be conducive for residents that did not smoke to spend time in this room. Smoke also emanated to the main reception area from this room.

Adequate arrangements were not in place for the provision of activities to residents that chose not to participate in group activities. Activities were observed to be predominantly provided by a designated staff member that was also responsible for

the supervision of residents in the day room. Residents that spent time in their room did not have access to activities on the days of the inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rivervale Nursing Home OSV-0005519

Inspection ID: MON-0037807

Date of inspection: 28/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Specific: We review the dependency levels of residents on a regular basis and staffing levels are titrated according to the needs of the residents.</p> <p>Measurable: We review the dependency levels of residents using the Barthel assessment. Staffing levels are reviewed on a weekly basis.</p> <p>Achievable: We have sufficient staff employed to allow for an increase in required care hours.</p> <p>Realistic: We are managing our resources effectively through weekly review of staffing and we have sufficient staff to cover the care hours required.</p> <p>Time-bound: Staffing level review has been completed and will continue to be carried out on an ongoing basis.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Specific: Staff files will be audited to ensure that all CV’s for existing staff provide a satisfactory explanation for any gaps in employment.</p> <p>Measurable: The audit will examine each staff file to ensure that they meet the requirements.</p> <p>Achievable& Realistic: Sufficient time and resources will be allocated to completing the</p>	

<p>audit and any actions required.</p> <p>Time-bound: This is expected to be completed by 9th December 2022.</p> <p>Specific: The staff roster has been amended to ensure that all statutory leave is captured including parental leave and maternity leave.</p> <p>Measurable: The roster is reviewed on a weekly basis by the PIC.</p> <p>Achievable & Realistic: The PIC is responsible for ensuring that the printed roster is accurate and reflective of the current staffing levels and this is reviewed weekly.</p> <p>Time-Bound: this has been completed 4/10/2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Specific: A current fire risk assessment was both available and provided to the inspector on the day on inspection. Albeit that earlier in the morning, an old, circulated copy had made its way into his hands. On the day of the inspection, there was a current fire risk assessment on the premises, together with indicators defining that the Action Plan contained therein was effectively nearing completion. The associate Fire Engineer also confirmed that a review was scheduled on 7th November 2022 and that this had been booked in for review.</p> <p>Measurable: Compliance with this regulation is indicated by the completion of a Fire Risk Assessment which has been completed.</p> <p>Achievable & Realistic: This has been achieved.</p> <p>Time-Bound: The Fire Risk Assessment has been reviewed and issued on 25th October 2022, ahead of schedule.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 Contract of care has been reviewed and amended.

Specific: All contracts of care must be amended to ensure that each contract specifies the type of room the resident will be accommodated in (single/twin).

Measurable: The contract of care document has been reviewed and amended to ensure that they specify the type of room that residents will be accommodated in.

Achievable: Sufficient time and resources have been allocated to amend the existing contracts to ensure that they meet the regulation.

Realistic: Going forward, the new contracts of care will be issued which meet the regulation.

Time-bound: Existing contracts are expected to be reviewed by 23rd December 2022.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 Specific: A person has been nominated to oversee the complaints process as required by regulation.

Measurable: This nominated person will review the complaints log to ensure that all complaints are managed in line with the complaints policy.

Achievable & Realistic: The nominated person has the jurisdiction to

Time-bound: This has been completed.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 Specific: The Safeguarding and Responsive Behaviours Policies were due for review by end August 2022, these have been reviewed since the date of the inspection. The

complaints policy has been reviewed with respect to Regulation 34.

Measurable: Policy review dates are indicated on the front page of each policy.

Achievable: Policies are reviewed every three years as per the guidelines.

Realistic: Review has been completed.

Time-Bound: Reviews have been completed as scheduled.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Specific: An environmental audit is underway to identify any rooms which require new flooring or painting to be carried out.

Measurable: Renovations are ongoing in the centre, and these are recorded in the maintenance log.

Achievable: New flooring has been fitted in seven rooms with further works planned. 3 bedrooms have been painted and there is a plan in place to paint all bedrooms on a phased basis.

Realistic: Renovations to the Nursing Home environment are carried out with input from the residents and in a way which does not impact on their wellbeing which may result in these renovations being scheduled around the residents needs and wishes.

Timebound: Improvement works are expected to continue on an ongoing basis with an expected completion date of 30/5/2022.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Specific: Going forward, the staff carrying out fire drills will ensure that a detailed record is maintained of the fire drill including the simulated scenario, the location of the simulated fire, the type of simulated fire and the exact number of residents evacuated in the drill.

Measurable: The fire drills are documented on a template and stored in the Fire book for

review.

Achievable: With oversight by the PIC, Regional Manager and Registered Provider Representative.

Realistic: Sufficient time allocated to carry out and review fire drills.

Timebound: This has been completed.

Management of smoking in the centre: In view of the discussions held on the day of inspection, we have reluctantly asked the resident to use the designated smoking room and cease and desist from going into the conservatory to have a cigarette (which accounted for only a few per day). Unfortunately, this affects the quality of life for this resident and his right to choose although we had been managing this matter quite successfully. There is a call bell point located in the conservatory. The doors to the conservatory remain open which allows for natural ventilation, and we calculate 22 air changes per hour and a normal extractor fan only provides for 6 number air changes per hour. Firefighting equipment is located in the conservatory on the left-hand side behind the chair which may have been missed on the day. Regarding the smoking apron, it is correct to say that there was none available in the conservatory on the day, the resident has capacity and independence.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Specific: The Management of Falls Policy has been reviewed including the policy on Head injuries. The recommended care of a resident post unwitnessed fall or fall with a head injury has been reiterated to nursing staff and a Falls Flow chart is in use to assist staff nurses with decision making following a fall.

Measurable: Falls are audited monthly to ensure compliance with the centre's policy.

Achievable & Realistic: Falls review is part of monthly clinical governance review.

Timebound: Progress: Completed

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Specific: Action required to address the improvements needed relating to flooring and paint in some bedrooms.

Measurable: Environmental audit underway to capture the works required.

Achievable & Realistic: Flooring has been replaced in 7 bedrooms with further works planned. 3 bedrooms have been painted and there is a plan in place to paint all bedrooms on a phased basis.

Timebound: Improvement works expected to continue on an ongoing basis with completion expected to be 30/4/2022.

In order to provide comfortable access for all residents to the conservatory and garden, smoking has ceased in the conservatory in question as outlined under Regulation 28.

Specific: Going forward, a HCA is allocated to the dayroom to support the Activities Co-ordinator with the provision of group activities and to allow the Activities Co-ordinator to provide one to one activities with residents who prefer to remain in their bedrooms.

Measurable: A schedule will be drawn up with residents' input to plan these activities.
Achievable: The Activities Co-ordinator will have opportunity to provide meaningful activities to residents in their rooms as per the schedule.

Realistic: Staffing levels reviewed regularly to ensure sufficient time to provide meaningful activities.

Timebound: Due to be completed by 30th November 2022

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 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.	Substantially Compliant	Yellow	04/11/2022
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	30/05/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	09/12/2022

	and are available for inspection by the Chief Inspector.			
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.	Substantially Compliant	Yellow	25/10/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	23/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	04/11/2022

	suitable bedding and furnishings.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	04/11/2022
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	04/11/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	04/11/2022
Regulation 6(1)	The registered provider shall,	Substantially Compliant	Yellow	04/11/2022

	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.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/11/2022
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.	Substantially Compliant	Yellow	30/11/2022