



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

Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Nursing Home
Name of provider:	Sacred Heart Nursing Home Limited
Address of centre:	Crosspatrick, Johnstown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	21 June 2022
Centre ID:	OSV-0005557
Fieldwork ID:	MON-0033446

About the designated centre

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

This centre has been managed by the registered provider since 1984 and has undergone a number of considerable extensions and improvement works since then. The provider is Sacred Heart Nursing home Limited, and the company directors are family members. The centre is situated in a rural setting approximately 1.6kms from Crosspatrick, 3.9 kms from Urlingford and 3.7 kms from Johnstown. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides care for residents with the following care needs: general care, respite care, conditions associated with advancing care, and dementia specific care. In addition, the service provides support and care for residents with mental illness, or residents in need of rehabilitation and convalescent services. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. The centre also supports some residents who have been assessed as independent. There is a Senior Occupational Therapist based on site who works as part of the management team of the centre. The centre currently employs approximately 38 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident's private accommodation is provided in three wings. It comprises of a total of 23 single bedrooms with ensuite facilities, two twin bedrooms with ensuites, two single bedrooms, three twin-bedrooms, three three-bedded rooms and one four bedded room do not have ensuite facilities. All bedrooms have flat screen TV's, telephone points, wash hand basins and are wheelchair accessible. There is a small oratory that is available to residents for quiet reflection and prayer. There is a treatment room, a separate kitchen located off the main dining room and a laundry room. There is also a large sitting room, a second smaller sitting room, three dining rooms, and a smoking room complete the accommodation in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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 21 June 2022	09:00hrs to 18:30hrs	John Greaney	Lead
Tuesday 21 June 2022	09:00hrs to 18:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over the course of one day. Following an introductory meeting inspectors walked around the centre accompanied by members of the management team. Overall, the inspectors found that residents healthcare needs were met to a good standard but some improvements were required in relation to the quality of life for some residents and also in the design and layout of the centre.

This centre was originally built in the 1980s and has been extended over time to its current capacity for 48 residents. There are two distinct wings on either side of the main entrance. There is an older wing with plans to name it Naomh Sean and a newer wing, Naomh Threasa. In addition to twelve single rooms, twenty two of the residents in the old wing are accommodated in multi-occupancy rooms of two, three and one four-bedded room. There are thirteen residents accommodated in single en suite rooms in the new wing. Each wing has its own communal space and most residents remain in their own wing through out the day as there is a coded lock separating the wings to which all residents do not have to code.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared well decorated and clean with few exceptions. However, the décor in some areas was showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through painting and maintenance plans. Staff were observed following infection control guidelines with the correct use of personal protective equipment (PPE) and hand hygiene. Alcohol hand gel dispensers were readily available along corridors and within residents bedrooms for staff use.

A number of the multi-occupancy bedrooms required review to ensure they were suitable for the number of residents accommodated in these rooms. For example, there was only one television in one of the bedrooms and it would not be visible to all residents in the room. Some residents only had single wardrobes and some of these wardrobes only had shelving with no place to hang clothes. It was also observed that some residents did not have their bedside locker at the bedside but was located in a position making it inaccessible to the resident while in bed.

Inspectors spoke with a large number of residents over the course of the inspection and in more detail with six residents. Residents said that they were satisfied with the care provided and the standard of environmental hygiene. Residents were also complimentary about the quality of the food available at mealtimes. Some of the residents' comments included 'I am happy here', 'staff know me well and are kind'. One resident said that they would prefer to be living at home in their own house but were aware that they needed more support than what could be provided at home.

Inspectors observed the dining experience for residents throughout the day. The centre had a number of dining rooms, however, a significant number of residents

had their lunch in the day rooms from small tables in front of them. Mealtimes can be a social occasion, allowing residents to interact and chat at mealtimes. By having their meals while sitting in the same chairs, the opportunity of making mealtimes a social event is lost. Most activities were facilitated in the new wing and there were limited activities taking place throughout the day in the old wing. The inspector observed that music was provided in the afternoon in the sitting room of the old wing. This commenced at approximately 3pm. Prior to this, inspectors observed that the primary form of entertainment here was the television.

Residents said that they were happy that COVID-19 restrictions had eased and were happy that visiting had resumed. There was open visiting and visitors were seen to come and go over the course of the inspection. Residents had access to secure outdoor space and residents had free access to this area. A small number of residents smoked and two residents were observed to be smoking on the day of the inspection. Both residents had smoking aprons in place. While there were ashtrays available, these were not within reach of the residents. There was also a need to review the location of fire blankets to ensure they were conveniently located in the event of a fire.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, there are good management systems in place to provide adequate oversight of the quality and safety of care delivered to residents. Some improvements were required in relation to contracts of care. Improvements were also required in relation to governance and management as some issues identified on the previous inspection had not been satisfactorily addressed.

The centre is family owned and operated and the management structure consists of the registered provider, a limited company, which is responsible for the operation of the centre. There is a clearly defined governance and management structure with clear lines of authority and responsibility for the operation of the centre.

The Person in Charge and Operations Manager are both directors and are present in the centre on a daily basis, providing oversight and direction to staff. They both demonstrated a clear understanding of their roles and responsibilities and were a visible presence in the centre. The person in charge provides clinical oversight and is supported by an Assistant Director of Nursing, nurses and a team of carers. There were regular management and staff meetings and it was clear that each person was

clear on their area of responsibility.

The provider had nominated an assistant director of nursing to the role of infection prevention and control link practitioner. The provider also had formalised access to an infection prevention and control specialist who had provided training and advice. Regular infection prevention and control audits were carried out by the infection control link practitioner. Audit tools were comprehensive and quality improvement plans were developed in response to audit findings. The system could be enhanced through the tracking and trending of results to monitor progress.

There was a stable and dedicated team of staff that ensured that residents benefited from good continuity of care from staff who knew them well. Staffing levels were kept under constant review and there were adequate staff to meet the needs of residents on the day of the inspection. Staff spoken with were knowledgeable of residents individual needs and were seen to be responsive to request for assistance by residents. Staff were supported and facilitated to attend training and there was a high level of attendance at training in areas to support staff fulfill their roles. On site infection prevention and control training had recently been delivered to the majority of staff by an external infection prevention and control specialist. In response to the COVID-19 pandemic additional training was provided on infection prevention and control related topics, such as hand hygiene and donning and doffing personal protective equipment (PPE).

There was a comprehensive programme of audits and most, but not all, of the issues identified for improvement through the audit process were addressed. There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2021 with an associated quality improvement plan for 2022.

Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager with the required experience and qualifications for the role.

Judgment: Compliant

Regulation 15: Staffing

Based on the observations of inspectors on the day of the inspection and a review of staff rosters, there were adequate numbers and skill mix of staff to meet the assessed needs of residents. Staffing levels had been enhanced since the last inspection through the deployment of an additional healthcare assistant on both day and night duty. Staff members spoken with were knowledgeable of individual resident's needs and it was evident that residents were relaxed and comfortable in

the presence of staff.

Judgment: Compliant

Regulation 16: Training and staff development

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

In response to the COVID-19 pandemic additional training was provided on infection prevention and control related topics, such as hand hygiene, donning and doffing personal protective equipment (PPE) and COVID-19 information sessions. These were well attended by staff and the observations of inspectors indicated that training was effective.

Judgment: Compliant

Regulation 21: Records

A review of a sample of staff files found that each file contained a record of previous employment, photographic identification, employment references and Garda vetting disclosures.

Judgment: Compliant

Regulation 23: Governance and management

Some issues identified at the previous inspection in December 2020 were not satisfactorily addressed. For example:

- residents continued to have inadequate storage space for personal possessions in some of the shared bedrooms
- equipment continued to be stored in inappropriate areas such as on a landing and in stairwells. While this was repeatedly identified in the centre's own audit process, it was not addressed
- fire safety issues found on the last inspection were also found on this inspection. These included, the inappropriate storage of oxygen, bedroom doors continued to be wedged open, and equipment continued to be stored

on evacuation routes and in areas of refuge
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
A review of a sample of contracts of care found that not all were signed by or on behalf of the proprietor, did not detail the weekly fees for services and did not always specify the number of other residents, if any, in shared bedrooms.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. Inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a policy in place to manage complaints, and residents reported that they knew who to complain to if they needed to and were empowered to do so. A summary of the complaints procedure was displayed prominently at the centre's reception area. On review of the complaints log there was evidence that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint, and records evidenced whether or not they were satisfied with the outcome.
Judgment: Compliant
Quality and safety
Overall, inspectors were assured that residents living in the centre enjoyed a good quality of medical and nursing care. Improvements were required in the design and

layout of the premises, particularly in relation to the suitability of the multi-occupancy bedrooms for the number of residents accommodated in these rooms. Improvements were also required in relation to fire safety, infection control, care planning and residents' rights.

Similar to the findings of the previous inspection conducted in December 2020, the design and layout of the newer part of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The centre was noted to be generally clean but some items of furniture, such as mattresses and chairs required repair. A number of multi-occupancy bedrooms in the older part of the centre required review in the context of affording privacy to residents and access to their personal belongings.

Inspectors reviewed a selection of care records for residents with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. Many of these were found to be generic in nature and did not provide adequate detail on the care to be delivered to each resident. Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, dietitian and tissue viability, as requested by residents or as required.

There was a schedule of preventive maintenance for fire safety equipment and the fire alarm, emergency lighting and fire fighting equipment had preventive maintenance conducted at appropriate intervals. Staff had attended fire safety training and were knowledgeable of what to do in the event of a fire. A number of areas of improvements were required in relation to fire safety. Areas identified for improvement included fire drills, inappropriate storage of equipment, inadequate arrangements for the management of residents that smoked and evacuation signage. In one area of the older wing of the nursing home, the corridor is narrow, being less than one metre in width. Residents in bedrooms on this corridor were low dependency and the provider was requested to at all times keep the dependency level of these residents under review. The provider should be assured that the narrow corridors would not impede the evacuation of residents in this area should they require an evacuation aid such as a ski sheet.

Visits were encouraged and practical precautions were in place to manage any associated risks. There were no visiting restrictions in place and national guidance on visiting was being followed.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of infections including COVID-19. Staff were also able to describe the infection control measures required when caring for residents colonised with multi drug resistant organisms (MDRO). One significant outbreak of COVID-19 had been reported since the onset of the pandemic. A review of the management of the outbreak to include lessons learned to ensure preparedness for any further outbreak had been completed.

There was a programme of activities described to inspectors that included art, reminiscence, bingo and music. Some of these activities were provided by the centre's own staff and some were provided by external groups. However, based on the observations of inspectors on the day of the inspection, further improvement was required in the provision of social aspects of care as a number of residents received limited social stimulation.

Regulation 11: Visits

Visits were encouraged and practical precautions were in place to manage any associated risks. There was no requirement to schedule visits in advance and there was no limit on the total number people who could visit a resident. Social and recreational outings had recommenced.

Judgment: Compliant

Regulation 12: Personal possessions

Improvements required in relation to personal possessions included:

- in some shared bedrooms, wardrobes were small in size and did not facilitate residents to store adequate amounts of clothing. Most wardrobes in shared bedrooms were single wardrobes. Some had hanging space with a shelf at the top, others had shelves only
- bedside lockers were not always accessible from each resident's bed

Judgment: Substantially compliant

Regulation 17: Premises

The premises had been extended over time and comprised a new wing and an old wing. The older wing is a mix of single bedrooms, twin bedrooms, triple bedrooms and one four-bedded room. Some of the shared bedrooms did not meet the needs of residents in terms of adequate space to store personal possessions or having a locker and a comfortable chair at the bedside. Bedrooms that required review in terms of space for the number of residents accommodated there included rooms 1, 14, 15, 16 and 17. In addition, the bed furthest from the door in some of these rooms were not suitable for high dependency residents as there was not sufficient room to use a hoist and accommodate specialised equipment, such as a high dependency chair.

As found on the last inspection, there was inadequate storage space as evidenced by the storage of equipment in areas that should be kept free due to being on evacuation routes and the potential to impede the evacuation of residents in the event of an emergency, such as fire.

Judgment: Not compliant

Regulation 26: Risk management

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

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

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example:

- the covers of several mattresses viewed were worn or torn which meant that they could not be effectively be decontaminated
- some items of equipment including three mattresses, three resident chairs and a walking frame were visibly unclean
- open and partially used wound dressings were observed in the treatment room. Use of these dressings increases the risk of contamination
- there was a limited number of clinical hand wash sinks for staff use within the centre
- soap dispensers were being refilled and topped up as required. This increases the risk of contamination
- electric hand driers were available in several toilets used by residents. Electric air hand driers are not recommended as they have the potential to spread bacteria by blowing the pathogens back onto hands after washing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- numerous items were stored in stairwells, including chairs and hoists. These are considered places of refuge in the event of a fire and should be maintained as sterile areas
- while fire drills were conducted regularly, these did not simulate full compartment evacuation and therefore it was not possible to ascertain if residents could be evacuated in a timely manner to a place of relative safety
- some bedroom doors were seen to be held open with items such as rubbish bins
- there were gaps in some cross corridor fire doors that would reduce their effectiveness in containing fire and smoke in the event of a fire
- the door closure lever on one cross corridor fire door was broken and therefore this door would not close automatically when the fire alarm was activated
- while there were maps on walls showing the layout of the centre, they did not clearly identify where you are in the centre or the route to the nearest emergency exit
- there was a need to keep the dependency level of residents accommodated in bedrooms 1, 5 and 6 under review. This is because the corridor leading to these rooms is narrow and it may not be possible to evacuate residents using evacuation aids, such as ski sheets in the event of an emergency
- designated smoking areas did not have fire blankets or call bells for residents to alert staff when they needed assistance. Smoking risk assessments did not adequately identify risks associated with smoking and associated supervision arrangements were not adequate
- adequate arrangements were not in place to supervise residents while they smoked

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning was paper based and the standard was good and mostly described individualised and evidence based interventions to meet the assessed needs of residents. However, improvements were required. For example:

- COVID-19 and infection control care plans were generic and lacked person centered details. One resident's care plan had not been updated to include confirmation that they were colonised with a multi-drug resistant organism
- visiting care plans also required updating to reflect the latest public health guidance
- the care plan for a resident with diabetes did not accurately reflect the

frequency at which blood sugar levels should be tested
Judgment: Substantially compliant
Regulation 6: Health care
Residents had good access to medical and nursing care and there was evidence of regular reviews.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
There were no residents presenting with significant challenging behaviour. Staff spoken with were knowledgeable of residents individual needs and knew what to do when residents behaviour may indicate they had an unmet need. On the day of the inspection five of the forty one residents living in the centre had full bedrails in place. Risk assessments were conducted prior to the use of bedrails; there regular safety checks while bedrails were in place; and there was evidence of the exploration of alternatives to bedrails, such as movement alarms, low beds and crash mats.
Judgment: Compliant
Regulation 8: Protection
Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful. The centre was pension agent for four residents. There were adequate banking arrangements with a designated bank account for residents' pensions. Adequate records were maintained of transactions for and on behalf of residents. Staff spoken with were knowledgeable of what to do should a resident make an allegation of abuse. When there were allegations of abuse, these were investigated and safeguarding measures put in place while the investigation was underway.
Judgment: Compliant

Regulation 9: Residents' rights

Although there was an activity schedule in place and residents were complimentary about the the activities coordinator, improvements were required in relation to the provision of social care to residents. Long periods of inactivity were observed, particularly in the older wing, and activities in the form of music commenced at approximately 3pm in the afternoon. Prior to this, no structured activities took place and residents were observed to have little stimulation, other than television.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sacred Heart Nursing Home OSV-0005557

Inspection ID: MON-0033446

Date of inspection: 21/06/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Senior management will conduct daily walk arounds in addition to audits to check for inappropriate storage of equipment and fire safety risks. Staff have been reminded of the nursing home's policies and procedures and disciplinary action will be taken where there is continued non-compliance • A review will be undertaken in respect of shared bedrooms as outlined below 	
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: <ul style="list-style-type: none"> • All issues identified on the day have now been rectified and all contracts are complete and up-to-date 	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions:	

- A review will be undertaken in respect of shared bedrooms as outlined below which will include resident consultation and the reconfiguration of bedrooms and/or facilities for storage as indicated

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

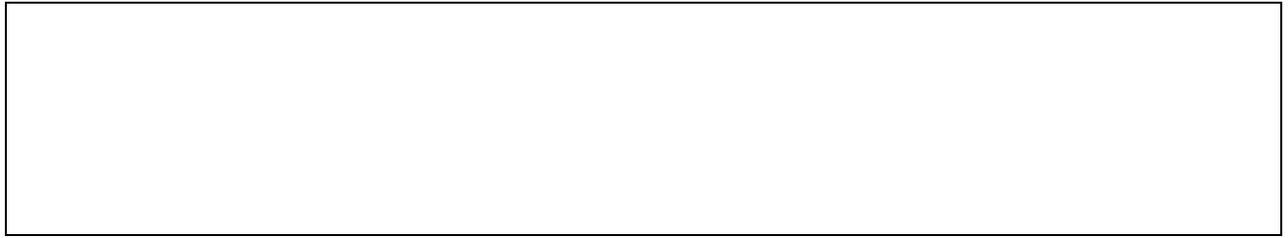
- We will conduct a full review of all shared bedrooms in terms of compliance, risk assessment and in conjunction with the views and expressed wishes of existing residents
- As part of this process, we will engage the professional services of an architect/ builder/ carpenter to ascertain if the footprint of the shared bedrooms can be increased or if the configuration of the room can be amended to maximise floor space and/or storage as required
- In the interim, we have amended our Statement of Purpose and admission criteria to ensure that residents with high dependency needs that may need a hoist are not accommodated in the bed farthest from the door in the shared rooms identified

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

- Electric hand dryer use has been discontinued and replaced with paper towels
- Individual pouches are being sourced for handgel dispensers and will be implemented on delivery
- The practice of using opened dressings has ceased, staff have been informed and the wound care and infection, prevention and control policies have been reinforced.
- Mattress covers have been replaced and these have been added to the maintenance checks to ensure ongoing review
- Staff have been reminded of the need to visually inspect furniture and residents' assistive equipment and clean as required. The specific cleaning schedule for assistive equipment is being updated. Ongoing environmental hygiene audits will monitor effectiveness of same
- A review of the number and location of clinical hand wash sinks will be conducted to ensure the placement does not pose any additional or unintended risks or consequences. Staff will be reminded of the need for hands to be visibly clean prior to entering clinical areas and the use of alcohol based handrub as the preferred method of hand hygiene according to Irish and WHO recommendations.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Correct storage of equipment so as not to impede fire exits or stairwells and need to stop propping open fire doors has been reiterated with staff and will be monitored by ongoing audit and daily walkaround by senior staff • A request to update Fire maps has been requested by the nursing homes fire engineer. • The fire blankets are being moved from the previous smoking area to the outdoor smoking area and will be placed in the smoking shelter, together with a call bell • Smoking risk assessments have been updated and residents are supervised when smoking as per their individual risk assessment. • Firestopping has been arranged with the carpenter for the cross-corridor fire doors • Automatic fire door lever has been fixed by the carpenter. • Statement of Purpose and admission criteria has been updated in respect of bedrooms identified to ensure only independently mobile residents are accommodated in these rooms 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All care plans have been updated accordingly • Staff have been reminded of the nursing home policy for residents with non-insulin dependent diabetes 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • A full review of residents' preference and satisfaction with activities has been conducted and residents have indicated their overall satisfaction with activities. • Residents have been reminded of the option to attend group sessions in either sitting rooms. • Where the hairdresser changes her scheduled day in future then the activities on offer will be adjusted and swapped accordingly 	



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	15/12/2022
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	15/12/2022

	and other personal possessions.			
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	15/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	21/06/2022
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	21/06/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall	Substantially Compliant	Yellow	21/06/2022

	relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.			
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	31/08/2022
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 suitable bedding and furnishings.	Not Compliant	Orange	30/09/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably	Not Compliant	Orange	25/07/2022

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	21/06/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	21/06/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	30/09/2022
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	21/06/2022
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	21/06/2022

	intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	21/06/2022
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	21/06/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	21/06/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	21/06/2022

