



**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:	Ealga Lodge Nursing Home
Name of provider:	Underhill Investments Limited
Address of centre:	Main Street, Shinrone, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0005665
Fieldwork ID:	MON-0040309

About the designated centre

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

Ealga Lodge Nursing home is located in Shinrone town centre. The centre is located in off the main road and is situated in a residential area. The centre is a purpose built 49 bed facility. The designated centre accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided in 47 single and one twin bedrooms with en suite facilities over two floors. The first floor is accessible by means of a lift and a stairs located in the reception area of the centre. Communal sitting rooms are provided on both floors and a dining room is available on the ground floor. Two enclosed courtyard areas with outdoor seating are available to residents. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Ealga Lodge Nursing Home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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
Wednesday 31 May 2023	19:00hrs to 21:45hrs	Sean Ryan	Lead
Thursday 1 June 2023	07:45hrs to 16:45hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Ealga Lodge Nursing Home gave positive feedback about the quality of health and social care they received in the centre. Residents were complimentary of the staff, who they described as 'helpful, caring' and 'friendly'. Residents told the inspector that they were familiar with the staff who supported them daily, and this made them feel safe and comfortable living in the centre.

The inspector arrived to the centre, unannounced, in the evening time and was met by a nurse in charge. Following an introductory meeting, the inspector walked through the centre and spent time observing the care provided to residents, talking to residents and staff, and observing the care environment. The person in charge and a person participating in the management of the centre returned to the centre to support the inspection process.

There was a calm and relaxed atmosphere in the centre. Nursing staff were observed attending to residents requests for assistance, while healthcare staff were supporting residents with their evening tea and refreshments. There was soft music playing along the corridors and the inspector overheard polite and respectful conversation between staff and residents.

Residents were observed in the communal dayroom chatting with staff, while enjoying tea and biscuits. Some residents were watching the news while other residents were enjoying visits from their relatives. Residents told the inspectors that they enjoyed spending time in the dayroom before going to bed and some residents liked to stay up late to watch a movie.

Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. The care provided to residents was observed to be person-centred. It was evident that staff knew the residents well and provided support and assistance to residents with respect and kindness.

Residents were assisted to retire to bed, at a time of their choosing, and appeared comfortable and content in their bedrooms. Some residents were reading while others were watching their television. Staff were observed responding to residents call bells promptly. Residents told the inspector that they had enjoyed a 'great day sitting outside in the sun'. Resident told the inspector that they had enjoyed music in the enclosed garden, and some of their relatives had also joined them. Residents told the inspector that they had recently held an 'Alzheimer's Tea Day' to raised funds, and awareness of dementia.

The following day, residents were observed attending the 'Breakfast Club' that was facilitated by the activities staff. Residents were assisted to the dining room where they had breakfast together, listened to music, and discussed the local news. Some resident preferred to have their breakfast in their bedroom, and staff facilitated this

request.

The provider had made improvements to the premises since the last inspection. Some communal areas and bedrooms had been redecorated. This included redecoration of the walls, skirting, and newly installed floor coverings. There were some areas, such as the housekeeping room, where the floor coverings were in a poor state of repair. Externally, the enclosed garden had been appropriately landscaped and maintained. However, there were areas of the external premises that were not well maintained as there was a large volume of discarded cigarette butts, and used personal protective equipment around the gas, waste, and storage areas. This area was attended to by the maintenance staff during the inspection.

Residents expressed their satisfaction with their bedroom accommodation, and en-suite facilities. Bedrooms were clean, bright, and contained comfortable and homely furnishing for the residents. Residents were encouraged to personalise their bedroom according to their preference and taste. Residents told the inspector that their room was cleaned daily and that the staff would also clean their ornaments and photo frames because staff knew 'how important those things' were to the residents.

Residents personal clothing was laundered on-site and residents told the inspectors that the 'staff provided a good laundry service'.

Overall, the premises was found to be visibly clean with the exception of some ancillary areas, such as the housekeeping room. The layout of the laundry supported effective infection prevention and control, and had an established dirty to clean flow to minimise the risk of cross infection.

The inspector noted some fire safety concerns on the walk around of the centre. The exits at the end of corridors were obstructed by linen trolleys and mobility aids at periods during the inspection. A number of fire doors did not appear to close effectively, with significant gaps around the doors evident when the doors were in a closed position. This may reduce the effectiveness of a fire door in the event of a fire emergency.

The residents dining experience was observed to be a social and pleasant experience for residents. The dining room was appropriately laid out, and was comfortable and homely for residents. Condiments, cutlery, and drinks were placed on the tables for each resident. Staff were attentive to resident's requests for assistance, and were observed to engage with residents, adding to the social experience for residents. All residents were offered a choice from the menu. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes.

Throughout the day, residents were engaged in meaningful and enjoyable activities. Some residents chose not to participate in activities, and their choice was respected. The inspector observed respectful interactions and a good, personal rapport between staff and residents. Residents told the inspector that staff made them feel respected, valued, and supported their choices.

Residents were provided with opportunities to express their feedback about the quality of the service through scheduled resident meetings. However, residents told the inspector that their feedback was not always acted upon in a timely manner. For example, residents had provided feedback with regard to the comfort of their bedding, mattress, and bedroom, but their feedback had not been addressed.

Residents were provided with information about the services available to support them, such as independent advocacy services.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced risk inspection by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in July 2022.

The findings of this inspection were that the provider had taken some action to ensure the premises was appropriately maintained to meet the needs of the residents, while also supporting some elements of effective infection prevention and control measures in the centre. While the provider had taken action to address some of the fire containment issues identified on the previous inspection, further action was required to ensure residents were protected from the risk of fire. The inspector found that some of the management systems were not effectively implemented to ensure appropriate monitoring of risk management, record management, fire safety, and infection prevention and control, and compliance with the associated regulations. Action was also required to ensure residents nutritional care needs were met, and residents rights were upheld.

The registered provider of Ealga Lodge Nursing Home is Underhill Investments limited, a company comprised of three directors. The provider was represented by one of the company directors. The organisational structure comprised of the provider representative, general manager, and a newly appointed quality and assurance lead, who was also a person participating in the management of centre. Within the centre, a newly appointed person in charge was supported clinically and administratively by two clinical nurse managers. The person in charge reported directly to the senior management team who attended the centre weekly to provide oversight and governance support to the person in charge.

The centre had established management systems in place to monitor the quality and safety of the service provided to residents. Key aspects of the quality of resident care were collected and reviewed by the person in charge and included information

in relation to falls, weight loss, nutrition, complaints, antimicrobial usage, medication, and other significant events. There was evidence that this information was trended and analysed to identify areas for quality improvements. There was a schedule of weekly and monthly audits that were completed by the clinical management team. This included audits of fire safety, the management of oxygen, infection prevention and control and the physical environment. However, a review of completed audits found that some audits were not effectively used to identify risks and deficits in the service. For example, infection prevention and control audits assessed compliance with the provision of clinical hand wash basins in the centre. Each completed audit achieved full compliance, with no quality improvement required, despite there being limited dedicated hand wash sinks in the centre, that met the recommended specifications.

Risk management systems were underpinned by the centre risk management policy. The policy detailed the systems in place to identify, record and manage risks that may impact on the safety and welfare of the residents. As part of the risk management systems, a risk register was maintained to record and categorise risks according to their level of risk, and priority. Where risks to residents were identified, controls were put in place to minimise the risk impacting on residents.

While there were systems in place to record and investigate incidents and accidents involving residents, the inspector found that the incident reporting system was not robust and resulted in inconsistent recording of incidents. For example, there were two incident reporting systems in use, and staff were unclear on which system to use. The lack of clear direction to staff on the appropriate incident reporting system to record incidents impacted on timely reporting of incidents to the management, and thus delayed identification of factors which may have contributed to the incident occurring, or to identify learning so that similar incidents could be prevented.

Record keeping and file management systems consisted of both electronic and paper based systems. A review of staffing records found that all staff personnel files contained a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. However, not all files contained the information specified in Schedule 2 of the regulations. For example, some staff personnel files did not contain two written references or a full employment history. Additionally, some records required by Schedule 3 and 4 of the regulations were not appropriately maintained. This included staff training records, and records to monitor the nutritional care of residents.

The centre had adequate staffing resources available to ensure resident's care and support needs were met. On the day of the inspection, there were sufficient numbers of qualified staff available to support residents' assessed needs.

A review of staff training records evidenced that all staff had up-to-date mandatory training, pertinent to providing residents with safe quality care. Staff demonstrated an awareness of their training with regard to the safeguarding of vulnerable people, supporting residents living with dementia and fire precautions. Staff were appropriately supervised and supported by the management team.

All residents were issued with a contract for the provision of services. However, while the fee's charged for services not covered by the Nursing Home Support Scheme were detailed in residents contracts of care, the contracts did not reflect the actual fee's being charged to the residents, or services of which the resident may choose to avail of.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of healthcare and activities staff. The staffing complement also included catering, laundry, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated and supported to attend training relevant to their role.

Staff were appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. Arrangements were in place to induct and orientate staff, and to support staff to provided safe and effective care to residents.

Judgment: Compliant

Regulation 21: Records

The management of records was not in line with regulatory requirements, and records were not kept in a manner that was accessible. For example;

- Staff personnel files did not contain all the necessary information required by

Schedule 2 of the regulations. For example, one staff file did not contain two written references, a staff file did not contain a full employment history, and a staff file did not contain a relevant professional qualification.

- The records of staff training did not reflect the actual training completed by staff, as required by Schedule 4 of the regulations.
- Some records, including those listed under Schedule 2 and Schedule 4 of the regulations, were not stored in the designated centre, as they were held in an unregistered part of the building.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and protection of residents property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service required action to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- There was poor oversight of record-management systems to ensure compliance with the regulations.
- The incident reporting system was not robust to ensure timely and effective oversight of incidents to identify opportunities for learning and improving the service.
- The auditing system was not effective in identifying deficits and risk in the service. For example, weekly audits of the integrity of fire doors had not captured the impaired integrity of fire doors. Infection prevention and control audits were not effective to identify aspects of the service that required quality improvements.

The compliance plan submitted following the previous inspection was not fully implemented, resulting in repeated non-compliance with infection prevention and control, and records.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of residents contracts were reviewed and did not comply with the requirements of the regulations. For example;

- While all contracts contained details regarding the fee's to be charged to residents, the fee's for additional services did not reflect the actual fee's being invoiced and charged to residents.
- Fee's for additional services did not reflect the services being delivered. For example, a residents additional weekly fee was being charged to the resident, even if the residents did not avail of the service.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector within the required time frame.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the centre received care and support that was of an appropriate standard. Residents were provided with appropriate access to medical care, and a social and recreational programme. While the provider had taken action to ensure the premises was appropriately maintained to meet the needs of the residents, action was required to ensure that residents received care in an environment that protected them from the risk of infection, and fire. Action was also required to ensure that resident's nutritional care plans were implemented and that residents' right were upheld.

Residents care plans and daily nursing notes were recorded on an electronic system. A review of a sample of resident's assessments and care plans found that resident's needs were assessed prior to admission to the centre, to ensure that their care needs could be met. Following admission, a nursing assessment was completed to identify residents individual support needs, their daily routine, and potential risks to residents such as the risk of falls and impaired skin integrity. The outcome of the assessments was used to inform the development of care plans to guide staff on the appropriate care of the residents.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their healthcare needs, and residents had access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment.

Residents nutritional care needs were assessed on admission to the centre, and at regular intervals thereafter. Arrangements were in place to monitor residents nutritional intake on a daily basis. Residents weights were monitored on a monthly basis, or more frequently if indicated. There were appropriate referral pathways in place for the assessment of residents identified as at risk of malnutrition by dietitian and speech and language services. However, the dietary needs of residents, as prescribed by dietetic staff, were not consistently implemented to ensure best outcomes for residents.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of indoor communal and private space available to residents. The centre was bright and spacious. Residents had access to secure and pleasant garden space that was appropriately furnished.

The inspectors found that some action had been taken following the previous inspection, to support effective infection prevention and control measures. This included appropriate management of sluicing facilities, and segregation of staff who carry out cleaning and laundry duties, to reduce the risk of cross infection. The centre was visibly clean in all areas, with the exception of some ancillary storage areas. However, the provider had not completed all actions as outlined in their compliance plan following the previous inspection. For example, the provision of appropriate hand wash sinks had not progressed. Further findings are detailed under Regulation 27, Infection control.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The service records for these systems were up to date. The fire register for the centre included in-house maintenance checks, and these were completed by the maintenance team and staff. While the provider had carried out remedial works to some fire doors, a number of corridor doors contained significant gaps between the bottom of the door and the floor, thus compromising containment measures in the event of a fire. The inspector acknowledged that the provider was in the process of replacing a number of fire doors. Nonetheless, action was required to ensure compliance with Regulation 28, Fire precautions.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training, and detailed their responsibility in recognising and responding to allegations of abuse.

Residents reported that staff made them feel at home in the centre and that they were treated with dignity and respect. Residents were facilitated to access a varied and inclusive activity programme in the centre. Residents were engaged in activities

on a daily basis and residents confirmed to the inspector that they were satisfied with the activities programme.

The inspector found that residents were free to exercise choice in how to spend their day. However, the inspector found that residents were not afforded choice with regard to the services they may choose, or not choose to avail of, and the charges for such services.

While residents were consulted about their care needs and the overall quality of the service, through schedule resident forum meetings, residents told the inspector that they did not always receive an outcome or response to issues raised at resident meetings.

Visiting was found to be unrestricted and residents could receive visitors in either their private accommodation or designated area if they wished.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents. The premises met the requirements of Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

A review of the nutritional management of residents found that food was not provided to residents in line with their assessed dietary needs and as prescribed by dietetic staff. Two residents, assessed as a high risk in relation to their nutritional needs, did not have their weight management plans implemented, in accordance with the direction of a dietitian and the residents individual nutritional care plan.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with National Standards for Infection Prevention and Control in Community Services published by HIQA. This was evidenced by;

- There was no appropriately qualified infection prevention and control link practitioner in place to increase awareness of infection prevention and control and antimicrobial stewardship issues locally.

The care environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Hand wash sinks in the sluice room, laundry, housekeeping store room, and in the clinical room did not comply with the recommended specifications for clinical hand wash sinks.
- There were a limited number of clinical hand wash sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- The housekeeping room was visibly unclean. The floor was in a poor state of repair, and there was a build up of dirt and debris in the corners and along the skirting.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider in order to comply with the requirements of Regulation 28: Fire precautions.

The provider had not taken adequate precautions against the risk of fire.

- There were combustible materials stored in an unused attic space on the first floor. This presented a potential fire risk- as it would be accelerated by the presence of combustible materials in the event of a fire.
- A number of bedroom doors were held open with mats and furniture which compromised the function of the closing mechanism. This could result in the potential for fire and smoke to spread in the event of a fire.

Arrangements for maintaining fire equipment, means of escape and the building fabric required improvement:

- Means of escape were obstructed at the end of two corridors by linen trolley's

and mobility aids.

Arrangements for containing fire in the designated centre required improvement. For example:

- A number of fire doors had gaps at the bottom and between doors, which were over the maximum allowable tolerance. This compromised the effectiveness to contain the spread of smoke and fire.

While simulated evacuation drills were taking place, the drills did not simulate the evacuation of the largest compartment in the centre, using night time staffing levels to provide assurance that residents could be evacuated to a place of safety, at any time, in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following an assessment of residents needs, and were reviewed at four month intervals in consultation with the residents and, where appropriate, their relatives.

The care plans reviewed were person-centred, and reflected residents' needs and the interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition. There was sufficient information to guide the staff in the provision of health and social care to residents based on residents individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP) and GPs were visiting the centre, as required.

Residents were provided with timely access to a range of health and social care professionals. This included physiotherapy, dietitian services, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

However, the recommendation of health professionals, such as the recommendations made by dietitians, were not consistently implemented to ensure best outcomes for residents. This is actioned under Regulation 18: Food and nutrition.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The provider supported a small number of residents to access and manage their pensions. There were arrangements in place to protect residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

While residents meetings were scheduled and documented, and residents were offered an opportunity to complete surveys on the quality of the service they received, the feedback from meetings and surveys were not acknowledged or responded to. For example, a resident was awaiting an outcome of their request for a larger room since March 2023.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ealga Lodge Nursing Home OSV-0005665

Inspection ID: MON-0040309

Date of inspection: 01/06/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: An updated form to support the PIC when interviewing candidates is now in operation and this includes a documentation check for gaps in employment.</p> <p>All staff personnel files are being reviewed to ensure all contain the necessary documents outlined in Schedule 2 of the regulations including full employment history, 2 references and professional qualifications. 30/08/2023.</p> <p>Staff training records now reflect the actual training completed by staff, as required by Schedule 4 of the regulations. The training matrix is reviewed weekly by the PIC / CNM.</p> <p>Records, including those listed under Schedule 2 and Schedule 4 of the regulations, are no longer stored in the unregistered section of the centre. Records were removed on the day of inspection.</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>Actions identified through the resident's survey, complaints, incidents, audits, HIQA inspections and events will be included in the Centre's master Quality Improvement Plan (QIP) to ensure improved oversight and timely action. The QIP will be reviewed as part of the monthly governance meetings with the PIC, CNM, Registered Provider, Quality and Assurance Lead and Group General Manager. Deadlines for action will be realistic and responsible people assigned to each.</p>	

An internal audit of documentation will be conducted by the Quality and Assurance Lead twice yearly to ensure compliance with the regulations. The next internal audit will be conducted 1st October 2023.

The incident reporting policy will be reviewed to ensure consistency and timely recording of incidents 30/8/23. All incidents involving residents are now flagged as a priority note and recorded as an event on the record management system. All nurses have been retrained on this procedure as part of their nurses meeting. All incidents and events are summarized on the weekly PIC report.

The audit system will be fully reviewed to ensure that the criteria meet the requirements of the legislation and policy 30/09/2023.

Fire doors will be replaced following delivery of same planned for 30/09/2023 and the additional handwashing sinks will be installed by 30/07/2023. Four further handwashing sinks will be ordered and installed following delivery by 30/09/2023 (to allow for any supply chain delays). An IPC link nurse has been identified and is awaiting notification of IPC training dates 31/12/2023.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

The rates for additional fees changed on 01/11/2022 and all residents were informed of this in advance in writing on the 15/09/2022. This is in line with the provision in the nursing homes contract of care "to provide 30 days advance written notice". This change was accepted by all residents. A soft copy of the letters advising Residents of this change was maintained, however we have also added a copy of this letter on each of the Residents contracts on file by 31/07/2023.

Future changes to terms in the Contract of Care will be notified as required in writing with a hard copy placed on each Residents individual file.

The Nursing Home has a contract of care setting out the terms of services and the fee's associated with same. The nursing home provides access to services as set out in the contract of care and all Residents can partake or use in line with their preferences and needs.

These additional services are provided to residents in line with their contract of care, which in turn is in line with the Centre's statement of purpose.

'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

A system is now in place whereby the CNM reviews all residents seen by the MDT weekly including the dietitian and ensures that care plans are updated post review in consultation with resident and family.

All staff (including kitchen staff) involved in the care of the resident are made aware of recommendations and updated plan of care. The kitchen will maintain a file re: residents post dietary / SALT review with copies of recommendations from SALT and dietitian included.

A communication book is now in place for kitchen and nursing staff.

Where the resident chooses not to adhere to MDT recommendations, this will be risk assessed, with education provided, and the residents wishes respected.

Regulation 27: Infection control

Substantially Compliant

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

A nurse has been identified to fulfil the role of qualified infection prevention and control link practitioner to increase awareness of infection prevention and control and antimicrobial stewardship issues locally. Awaiting training dates. 31/12/2023

Hand wash sinks for the sluice room, laundry, housekeeping storeroom, and clinical room will be ordered and installed by 30/09/2023 (to allow for any supply chain issues).

Two additional clinical hand wash sinks have been delivered and will be installed by 31/07/2023 to reduce the potential for sinks in resident's rooms to be used by residents and staff.

The flooring in the housekeeping room has been cleaned and the flooring will be replaced, with pipes in the room covered by 30/08/2023.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Combustible materials in the unused attic space have been removed.</p> <p>Fire doors are checked weekly by the maintenance staff to ensure that they are functioning correctly and this check will include ensuring that they are not held open with mats and furniture. The importance of this will be communicated at staff handover, HOD meetings and at the resident's forum meeting.</p> <p>Signs will be placed on the fire doors to remind staff not to block them with linen trolleys and mobility aids. 20/07/2023</p> <p>The fire doors will be replaced. Delivery is scheduled for 30/09/2023 with installation to commence on delivery.</p> <p>Fire drills will be completed regularly. A simulated evacuation drill simulating the evacuation of the largest compartment in the centre, using night time staffing levels was conducted on 02/06/2023 to provide assurance that residents could be evacuated to a place of safety in the event of an emergency.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Communication records from meetings with residents and families following surveys and resident meetings will be maintained on the record management system and actions identified will be included in the Centre's QIP to ensure timely follow up and monitoring of actions at governance meetings.</p> <p>The resident who requested a larger room is on a waiting list for a larger room and this has been communicated to them 17/07/2023.</p>	

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 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	17/07/2023
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 and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/08/2023

Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	17/07/2023
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	30/09/2023
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall 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.	Substantially Compliant	Yellow	31/07/2023
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not	Substantially Compliant	Yellow	31/07/2023

	entitled under any other health entitlement.			
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	31/12/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	02/06/2023

	followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	17/07/2023