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:	Tinnypark Nursing Home
Name of provider:	Tinnypark Residential Care Limited
Address of centre:	Derdimus, Callan Road, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	20 January 2025
Centre ID:	OSV-0000707
Fieldwork ID:	MON-0044793

About the designated centre

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

Tinnypark Nursing Home is located approximately 2.5 miles from Kilkenny City, in a scenic rural setting. The nursing home is a large period house which has been extended to provide suitable accommodation for 47 residents. Bedroom accommodation comprises 39 single and four double rooms. All the bedrooms have full en-suite facilities with accessible showers. There are two dining rooms, and three sitting rooms for residents to use. The foyer is also a favourite place for residents and visitors to congregate. The walled garden to the rear provides a secure environment for leisurely strolls and residents also have free access to a number of enclosed patio seating areas. Tinnypark nursing home accommodates both female and male residents aged 18 years and over. The service caters for the health and social care needs of residents requiring dementia care, respite care, convalescent care and general care in the range of dependencies low/medium/high and maximum. The service provides full time nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39

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
Monday 20 January 2025	15:50hrs to 20:30hrs	Laura Meehan	Lead
Tuesday 21 January 2025	10:30hrs to 17:55hrs	Laura Meehan	Lead
Monday 20 January 2025	15:50hrs to 20:30hrs	Aisling Coffey	Support
Tuesday 21 January 2025	10:30hrs to 17:55hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

The overall feedback from the residents who spoke with the inspectors was that they were content and felt safe living in Tinnypark Nursing Home; however, several factors negatively impacted their day-to-day lives in the centre, as set out in this report.

Two inspectors of social services carried out the inspection over two days, commencing with an evening inspection on the first day, with the inspectors returning the following day to complete the inspection. On arrival at the centre at 3:50 pm on the first inspection day, inspectors met the person in charge and held an introductory meeting. Over the two inspection days, the inspectors spoke with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. The inspectors also spent time observing the environment, interactions between residents and staff, and reviewing various documentation.

Tinnypark Nursing Home premises consist of a large period house with an adjoining single-storey ground-floor extension located in a rural setting with extensive grounds. Bedroom accommodation is in the single-storey extension, while most resident communal areas are within the period house. The period house is accessible to residents from the ground-floor extension by stairs and a ramp. The kitchen, staff facilities, and some storage areas are also located on the period house's ground and lower ground floors. Inspectors did not visit the upper floors within the period house, as these are not registered as part of the designated centre. Inspectors were informed that these upper floors contained staff accommodation facilities only.

Regarding outdoor space, residents had access to a secure walled garden to the rear of the property. Two residents were seen strolling through this area on the afternoon of the second inspection day. This area had level paths residents could walk upon while looking out over the adjoining countryside. Residents also had access to three enclosed seated courtyard areas within the centre. Inspectors noted that residents' bedroom windows were facing into these internal courtyard areas, and action was required to ensure that residents could maintain their privacy while in their bedrooms.

Landscaped grounds were to the front of the centre. Large traffic volumes were observed passing the front of the centre on the evening of the second inspection day. The provider confirmed to inspectors, that the grounds to the front of the centre were a through road to access sporting pitches adjacent to the centre. Given this passing traffic, the provider was required to review the privacy and safety requirements for residents with bedrooms facing out onto the grounds at the front of the centre, to ensure their privacy was maintained.

There was a designated external smoking area for residents who chose to smoke. This area did not have a call bell for residents to summon assistance in an

emergency. This was a repeat finding from the June 2024 inspection. As with the internal courtyard areas, a resident's bedroom window opened into the smoking area, which impacted that resident's privacy as well as their ability to receive fresh air into their bedroom. The provider was requested to address this.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors and sufficient handrails to accommodate residents with mobility aids. Communal areas included the dayroom, where residents were seen to relax and where activities took place on the second inspection day. There were three connected dining areas and the sunroom, where residents were seen to eat their meals. There was also a parlour available for residents to utilise for social activities. However, this room was not observed to be used throughout the inspection.

Some communal areas were visibly unclean and required maintenance. For example, loose wiring was seen hanging from the parlour's wall, while a sharp maintenance tool was observed lying on a radiator cover outside the parlour and resident dining areas. The presence of this tool was brought to the attention of the person in charge, as a potential hazard to residents, and it was removed promptly. This will be further discussed within the report. Similar to communal facilities, the bedroom and en-suite bathroom accommodation required review effective cleaning and maintenance. It was observed by inspector that some bedroom floors were seen to be unclean, and several bedrooms were found to have large pieces of dirt and debris under the beds. Resident equipment, such as crash mats, was observed to be stained and torn. Grab rails in several en-suite bedrooms were seen to be heavily rusted, impacting their ability to be cleaned effectively. Inspectors' findings in relation to environmental cleanliness, infection control and maintenance of the premises are outlined under Regulation 27: Infection Control and Regulation 17: Premises.

Bedroom accommodation within the centre consists of 39 single bedrooms and four twin bedrooms. Each bedroom has en-suite facilities, including a shower, toilet, and wash hand basin. Bedroom accommodation throughout the centre had a television, call bell, wardrobe, seating, and locked storage facilities. Residents were afforded the opportunity to decorate their rooms as they desired. Some bedrooms had family photographs on display and the individual's favourite possessions. One resident told the inspector they were moving to a bigger room, and staff were helping them to pack their belongings. They were excited about this move but did not know when it was going to happen. Many residents were observed to spend long periods of time in their rooms throughout the inspection, with some choosing to have their meals in their rooms, which was accommodated by staff.

There was an onsite laundry service where residents' personal clothing, towels and bed linen were laundered. These laundry facilities were found to be inadequate on arrival. Three of six machines in the laundry room displayed signage indicating they were out of order. Two of these machines contained residents' clothing. Inspectors saw there were 16 linen bags awaiting laundering. Given the significant volume of resident laundry awaiting attention, the laundry area was highly disorganised, with resident clothing on the floor within the designated clean area. At the same time,

the sink and storage facilities were inaccessible within the designated dirty area due to the volume of laundry awaiting attention. The provider informed inspectors that an engineer was scheduled to call to the centre the following morning. Assurances were requested to ensure that there was sufficient resident clothing, linen, and towels within the centre until this situation was addressed. On the second morning of the inspection, the provider sourced an external laundry service to complete the required laundry. Two of the three machines that displayed signage indicating they were out of order were functioning again, with one machine temporally fixed while awaiting a part.

Inspectors visited the kitchen and were not assured that food was properly and safely prepared, cooked and served. The kitchen environment, kitchen equipment, including cooking and serving utensils, and residents' crockery and utensils were observed to be unclean. Some cooking equipment, such as the microwave, was damaged. Food was not stored safely in line with best guidance, and nutritional supplements were not stored securely. The condition of the kitchen was brought to the provider's attention immediately, and additional cleaning staff were deployed to clean the area on the second inspection day. The provider was issued with an urgent action to address this concern.

Inspectors reviewed the storage, ancillary and staff facilities on the lower ground floors and found concerns related to the hygiene and safety of these facilities. In terms of ancillary facilities, the kitchen preparation room was observed to be used as a storage room for multiple armchairs and dining chairs. The sink in this room was visibly dirty and had black staining. A storage room containing 16 mattresses, PPE and other electrical equipment had an adjoining en-suite bathroom facility, which was also being used as storage. This en-suite facility was visibly dirty, with the toilet, bath and sink heavily stained black and brown. The water in the bath taps ran brown. The provider did not have a risk assessment with control measures for Legionnaire's Disease, which is discussed further under Regulation 23: Governance and Management and Regulation 27: Infection Control. A second store room was heavily stocked with incontinence wear from floor to ceiling, leaving limited space surrounding the smoke detectors and lights. This storeroom was also part of the main evacuation route for the lower ground area; however, the volume of boxes in this storeroom obstructed the emergency exit.

In terms of staff facilities, a toaster in the staff room was observed to have significant mould-like growth and hairdryers in two staff toilets / changing facilities were significantly damaged, presenting a safety risk. Following the walk-around, these areas of concern were discussed with the person in charge and provider representative and shown to the person in charge.

The inspectors noted other fire safety concerns during the walk around the centre. Twelve oxygen cylinders were seen to be insecurely stored in an unlocked, open nursing office. This office did not have door signage displayed indicating the presence of oxygen in the room. Given the safety concerns, an immediate action was issued, and the person in charge addressed this matter. Inspectors also observed fire exits being obstructed at the old lobby entrance, the sunroom, and outside the laundry. These obstructions were brought to the attention of the person

in charge as they were seen to be cleared thereafter. These obstructions and other fire safety matters are discussed under Regulation 28: Fire Precautions.

On arrival at the centre on the first inspection evening and while awaiting entry, inspectors observed that the nurses' station was located adjacent to the entrance door. The computer screen was visible and displayed residents' private information. This was highlighted to the person in charge at the introductory meeting. However, the matter was seen to recur throughout the two-day inspection. Inspectors also found residents' private records stored insecurely in the centre's board room.

On entry to the centre, seven residents were seated in the lobby area, with the radio on in the background. The lobby area, which had previously been partitioned into four discrete areas, had reverted to an open plan and was a communal space used throughout the day by residents. While this area was decorated, it was a thoroughfare and the main circulation route for staff and visitors to access all parts of the centre, including bedroom and dining areas. While the lobby was intended to be supervised at all times, gaps in this supervision were observed over the two inspection days, during periods when staff assisted residents to and from the dining rooms.

While seven residents sat in the foyer, a further eight residents were seated in the dayroom. Elsewhere, residents were seen to relax in their bedrooms, where they read, watched television or hosted a visitor. There was a relaxed and unhurried atmosphere in the centre on arrival, and staff were seen responding to resident requests and call bells promptly. Residents were dressed in their preferred attire and appeared content. Staff were seen to serve refreshments between 7:00 and 8:00 pm.

Inspectors spoke with an activities coordinator on the second day of the inspection. Following mass, which was broadcast on the television in the day room at 10.30 am each, refreshments were served, followed by ball games. In the afternoon a number of residents enjoyed a game of bingo. The hairdresser was present on the second inspection day, and residents proudly displayed their new hairstyles. Some residents chose not to partake in communal group activity and relaxed in their bedrooms, aligned with their preferences, reading or watching television.

Lunchtime at 12:30 pm was observed to be a relaxed experience, with residents eating in the three adjoining dining rooms, sun room, dayroom or in their bedrooms, aligned with their preferences. Meals were freshly prepared onsite in the centre's kitchen. While there was a menu displayed in the dining rooms, it did not display the current day's options. The food served appeared nutritious and appetising, with residents opting for beef or bacon. Residents confirmed they had been offered a choice of meals. Drinks were available for residents at mealtimes and throughout the day. Residents expressed mixed satisfaction with the food, with some residents complimenting the food available, describing it as ''beautiful'' and ''lovely'', while in contrast, other residents provided a neutral response, describing the food as ''ok''. There were no complaints regarding the quantity of food available, with one resident assuring the inspectors that ''you wouldn't lose weight''.

Residents had access to telephones, radios, televisions, newspapers and internet services in the centre. There were arrangements in place for residents to access independent advocacy services. Roman Catholic Mass was celebrated in the centre monthly and streamed from a local church daily. An activities staff member confirmed they were a Minister of the Eucharist. A member of a local religious order facilitated onsite prayer services.

Residents could receive visitors in the centre within communal areas or in the privacy of their bedrooms. Multiple families and friends were observed visiting their loved ones during the inspection days. The inspectors spoke with several visitors. Overall, they expressed their satisfaction with the quality of care provided to their relatives living in the centre and the communication between staff and families. One visitor raised a concern regarding bedroom temperatures but confirmed the provider had dealt with this matter.

While preparing to leave the centre on the first night of the inspection, a resident was observed to be agitated while in bed. The staff and person in charge were requested to review the configuration of the bedroom and sleeping situation for the resident to reduce their anxiety and promote a settled sleep. The provider was requested to review the supports needs of the resident including, healthcare, restrictive practice and communication. Another resident who had chatted happily with the inspector on the first evening of the inspection appeared very upset on the following morning. Upon discussion with this resident, the inspector ascertained that limited efforts had been made to address a required medical procedure, to reduce the anxiety of the individual. When this was highlighted to the management team by the inspector it was addressed.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This inspection found that significant focus required to improve the management and oversight of service delivery to residents as there had been a substantial decline in regulatory compliance since the previous inspection which was impacting on the quality and safety of care for residents.

This was an unannounced risk inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspection of 12 June 2024. The inspectors also followed up on unsolicited information that had been submitted to the Chief Inspector of Social Services about staffing levels, governance

and oversight arrangements in the centre, fire safety, premises upkeep, environmental hygiene, food and nutrition, and deficits in individual resident care and attention.

While the provider had progressed with certain aspects of the compliance plan following the last inspection in June 2024, this inspection demonstrated significant deficits in the overall governance and management of the service and new areas of non-compliance were identified as requiring improvement as set out in this report. The governance arrangements within the centre were not effective to ensure a safe service was provided to all residents. While there were systems in place to monitor the provision of supports within the centre, these were not completed in a manner that identified all issues, and no action plan was in place to ensure all areas of concern were addressed in a timely manner. This will be discussed under Regulation 23: Governance and Management.

Specific deficits required immediate and urgent action by the provider. Arrangements concerning aspects of fire safety and the secure storage of some medicinal products were ineffective. Consequently, immediate actions were issued on the first inspection day concerning the storage of oxygen and medicinal products. The provider addressed these issues by the end of the inspection. Further risks identified concerning kitchen hygiene, food storage practices, oversight of environmental hygiene and infection control resulted in an urgent action plan request being issued to the provider following the inspection regarding non-compliance with Regulation 18: Food and Nutrition and Regulation 23: Governance and Management. The provider reverted with an interim plan to manage the risks identified on the inspection and committed to a series of actions to ensure that these risks were controlled and mitigated going forward.

The registered provider of Tinnypark Nursing Home is Tinnypark Residential Care Limited, a company comprised of two directors. One of these directors represented the provider for regulatory matters and was present on the first day of inspection and during feedback. The provider's senior management team comprised this company director and two persons who participated in the centre's management: a general manager and a quality and assurance lead. The general manager attended the centre on the second inspection day and informed the inspectors they were present in the centre once per week and were available to the person in charge outside of these times by phone. Within the centre, the person in charge worked full-time and was supported in their management role by a team of registered nurses, healthcare assistants, activity coordinators, chefs, catering, housekeeping, laundry, maintenance and administration staff.

Regarding staffing, the inspectors reviewed past and future rosters covering seven weeks and found the housekeeping staffing resources were not in line with those committed to in the centre's statement of purpose. For example, there was a requirement for two housekeepers and one laundry assistant to be on duty daily; however, there were no housekeepers or laundry personnel on duty on the first inspection day. This was due to illness absences and a vacant post awaiting filling. Inspectors also reviewed the number of staff who commenced and finished working in the service in the past 13 months and found staff turnover had been high, with

39% of staff working in the centre for less than six months, which had a significant impact on the continuity of care. This had also been highlighted by newer members of the team at a staff team meeting in December 2024, where they expressed concerns regarding the continuity of care. The roster at the time of the inspection did not accurately reflect the whole time equivalent of staff and their role.

In addition to the significant change in staff personnel within the centre, there have been some changes in the governance and management, including a change to the person in charge and a reduction in the nursing management structures since the last inspection. The current person in charge, an experienced nurse manager, has been in the position since mid-November 2024. Since the appointment of the person in charge a number of clinical support meetings had occurred. These were completed in conjunction with provider systems including weekly reports and director of nursing meetings. The provider was required to have an assistant director of nursing and a clinical nurse manager onsite supporting the person in charge as per their statement of purpose. The assistant director of nursing position had recently become vacant, and the provider was making arrangements to fill this position. The clinical nurse manager position, which had been vacant on the last inspection in June 2024, had not been filled despite recruitment efforts. A member of the registered nursing team was acting as a clinical nurse manager as an interim arrangement, as reported in a supernumerary capacity.

While the person in charge supervised all staff, the gaps in other nurse management positions impacted the level of support and supervision available to staff within the centre. These deficits in staff supervision were validated by the inspectors' observations and findings during the two-day inspection. Concerning training and staff development, while staff had access to a suite of training programmes to enable them to perform their respective roles, there were gaps in adherence to mandatory training requirements which will be discussed under Regulation 16: Training and staff development.

While the provider had record management systems in the centre, inspectors found that records were not securely and safely stored, and there were gaps in records that were required to be kept in the centre. These matters are discussed further under Regulation 21: Records.

The provider also had a system for recording, monitoring, and managing incidents and related risks in the centre. Notwithstanding this system, this inspection found that two notifiable incidents had not been notified to the Chief Inspector within the required timeframes, which will be discussed under Regulation 31: Notification of incidents.

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations. They are an experienced registered nurse with the required level of experience nursing older persons. They have previous management experience and a post-registration

management qualification. The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found insufficient housekeeping and laundry staff to maintain the centre's cleanliness and laundry requirements. On the first inspection day, inspectors found no housekeeping or laundry staff on duty due to illness and an unfilled position. No contingency arrangements were implemented, such as using agency staff to cover the gaps. This impacted effective infection prevention and control and the quality of environmental hygiene within the centre, with a number of areas found to be visibly unclean, particularly communal toilet facilities and ancillary support areas.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While staff had access to a suite of training programmes to enable them to perform their respective roles, some gaps in adherence to mandatory training requirements found upon reviewing the provider's training records required action, for example:

- 20 staff members had not completed training in managing behaviour that is challenging.
- 14 staff had not completed fire safety training in 2024, while four were overdue for their annual refresher training in fire safety.
- Two staff had not completed training in safeguarding adults at risk of abuse.
- The training records of the person in charge were not present on the training matrix for review.

Additionally, two registered nurses had not completed cardiopulmonary resuscitation (CPR) training while one registered nurse's training was out of date. One catering assistant had not completed food safety training.

The provider's arrangements for staff supervision were not sufficiently robust or aligned with staffing levels committed to in the provider's statement of purpose, for example:

- The supervision arrangements for catering staff and kitchen activities did not ensure the kitchen was kept clean and food was stored safely.

- There were inadequate oversight systems in place to oversee environmental hygiene throughout the premises, particularly in communal toilet facilities and ancillary support areas.
- In terms of supervision for nursing and healthcare staff, the provider was required to have an assistant director of nursing and a clinical nurse manager onsite to support the person in charge and ensure staff were appropriately supervised. The supernumerary status of acting Clinical nurse manger was not stated on roster.

Judgment: Not compliant

Regulation 21: Records

The management of residents' personal information was not in line with regulatory requirements to keep records stored safely, for example:

- Electronic records about individual residents were visible from the nurse station computer screen to visitors at the main entrance to the centre and in an additional nurses station at the rear of the building. This issue was brought to the attention of the person in charge on arrival at the centre but recurred over the two inspection days.
- Records relating to deceased and discharged residents were stored in the centre's board room. This room was found to be unlocked on arrival at the centre.

The inspector found that a full copy of the correspondence concerning a resident transferred to the hospital on two occasions was not retained, as required by the regulation.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems in the centre were not sufficiently robust to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, as evidenced by the findings below.

The registered provider did not ensure the centre had sufficient nurse management resources to ensure staff were appropriately supervised in accordance with the provider's statement of purpose.

- The clinical nurse manager position, which had been vacant on the last inspection in June 2024, had not been filled in a permanent capacity.

- The registered provider did not ensure the centre had sufficient housekeeping and laundry resources to provide the required standard of environmental hygiene and infection control with the centre.

While the provider had management systems to monitor the quality and safety of service provision, these oversight mechanisms were not sufficiently robust to effectively identify deficits and risks in service provision and to continuously drive sustained quality improvement when risk was identified, for example:

- The management systems to provide assurance with respect to fire safety and the secure storage of medicinal products were ineffective. Consequently, immediate actions were issued on the first inspection day about the storage of oxygen and medicinal products. The provider addressed these issues by the end of the inspection.
- The registered provider was required to take significant actions concerning kitchen hygiene, food storage practices, oversight of environmental hygiene and infection control in the centre. Following the inspection, an urgent action plan request regarding the identified risks was issued. This will be discussed under Regulation 18: Food and Nutrition and Regulation 27: Infection Control.
- The management team's oversight systems had failed to identify and address possible risks relating to the control of Legionnaire's disease.
- The provider's oversight systems had not identified risks and deficits concerning individual assessment and care planning, healthcare, managing behaviour that is challenging and residents' rights as found on inspection day.
- While the provider's quality assurance systems had identified areas of non-compliance found on this inspection concerning resident records, food storage and security of medicinal products, timely action had not been taken to address these deficits and enhance the quality and safety of service provision for residents.
- The oversight of incident reporting did not ensure that all notifiable incidents were identified and notified to the Chief Inspector within the required time frames.
- Systems available within the centre to access maintenance and repair were not sufficiently robust to ensure the centre complied with Schedule 6 requirements.
- The provider's systems for stock control were inadequate as the inspectors found the centre did not have a stock of catheters available for residents who required them. The provider purchased stock on the second inspection day, when it was brought to their attention.
- The provider could not confirm the level of restrictive practice during the inspection as their restrictive practice register was unavailable for inspectors to review.
- The records available found auditing practices had not been completed in line with the provider's audit schedule over the previous five months. The audit schedule developed for 2025 had yet to commence.

The registered provider was found to be in breach of Condition 1 of their registration as they had changed the purpose and function of several rooms. The provider had

not informed the Chief Inspector and had not applied to vary condition 1 of the centre's registration. The changes made included the following:

- The board room was being used to store resident records.
- The kitchen preparation room was being used to store furniture.
- The larger cold store was not operating as a cold store but as a store room for cloths, tissues and crockery. It did not contain refrigeration facilities.
- The residents' toilet at reception operated as a visitor's toilet, and the visitor's toilet beside room 39 was a resident's toilet.
- The healthcare assistant store was not correctly represented on the floor plans; it contained an inner room with a shower and wash hand basin facilities.
- The current smoking area was not represented on the floor plans.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the documentation and complaints records found two notifications concerning alleged neglect that had not been recognised as a safeguarding concern and had not been notified to the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed at reception. Information posters on advocacy services to support residents in making complaints were displayed in the centre. There was clear documentary evidence of complaints being managed in line with regulatory requirements. The staff spoken with knew how to identify and respond to a complaint. Residents and families reported feeling comfortable raising a complaint with any staff member. The complaints officer and review officer had undertaken training in complaints management.

However, upon review of the complaints records, the follow up of complaints was not clearly documented and required review.

Judgment: Substantially compliant

Quality and safety

While the inspectors observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to improve the quality and safety of service provision. Robust action was required concerning individual assessment and care planning, food and nutrition, managing behaviour that is challenging, fire safety and infection control. Other areas also requiring improvement included healthcare, protection, residents' rights and premises.

The centre's design and layout were appropriate to the number and needs of the residents accommodated. Multiple comfortable communal areas were available for residents and visitors. However, many areas of the premises required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

Residents expressed mixed feedback regarding food, snacks, and drinks. Food was prepared and cooked onsite. Choice was offered at all mealtimes, and adequate quantities of food and drinks were provided during the day and in the evening. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision and discreet, respectful assistance at mealtimes. However, inspectors were not assured that food was properly and safely prepared, cooked and served, which will be discussed under Regulation 18: Food and nutrition.

Inspectors found the oversight of cleanliness and infection control within the designated centre required significant review to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018). For example, no cleaning schedules available to ascertain the frequency of routine and deep cleaning of resident bedrooms, en-suite bathrooms and resident equipment. This will be discussed in more detail under Regulation 27.

The provider had systems to monitor fire safety. Preventive maintenance for fire detection, fire fighting equipment and emergency lighting was conducted at recommended intervals. There was a system for conducting checks of the fire alarm, means of escape, fire safety equipment, and fire doors. Fire doors were observed to be in good working order. Staff participated in regular fire evacuation drills. Each resident had a personal emergency evacuation plan to guide staff in an emergency requiring evacuation. Notwithstanding these good practices, some further actions were required to ensure the safety of residents in a fire emergency. These findings are set out under Regulation 28: Fire precautions.

The person in charge had arrangements for assessing residents before admission into the centre. The inspectors saw that validated risk assessment tools were used to assess residents' needs. However, significant gaps in care planning were observed, which will be outlined under Regulation 5: Individual assessment and care plan.

Residents had access to medical, mental health, specialist nursing and various allied health services, such as speech and language therapy, physiotherapy and dietitian services within the centre. The records reviewed showed evidence of ongoing

referral and review by these healthcare services for the residents' benefit. Notwithstanding this good practice, the inspector found that some action was required to ensure residents had access to additional professional expertise. This will be discussed under Regulation 6: Healthcare.

Inspectors observed that practice in the centre was not in line with the national guidance ,"*Towards a Restraint Free Environment in Nursing Homes*". For example, a bed rail was in use for one resident and no assessment completed. The resident also told the inspector they did not want this be used while they were in their bed. This will be further discussed under Regulation 7: Managing behaviour that is challenging.

The majority of staff had completed safeguarding training, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. The records reviewed found the person in charge had investigated incidents and allegations of abuse. From the records seen, it was clear the person in charge had provided a robust and person-centred response when investigating and responding to these allegations. Notwithstanding these good practices, some improvement was required in supporting staff and management in detecting and identifying potential safeguarding issues in the centre. This will be discussed under Regulation 8: Protection.

The inspector found that many aspects of residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. The centre celebrated monthly religious services in-house and had daily religious services streamed to the dayroom. Residents could communicate freely, having access to telephones and internet services throughout the centre. There was an activities programme available within the centre. However, improvements were required to ensure residents' right to privacy within their bedrooms and to ensure all residents had the opportunity to participate in activities in accordance with their interests and capacities. These matters will be discussed under Regulation 9.

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, many areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The inspectors observed some call bells that were not within the reach of residents in their beds, meaning these residents could not summon assistance if required.
- Laundry facilities were seen to be inadequate. Three of six machines in the laundry room displayed signage indicating they were out of order, while 16 bags of clothing and linen were awaiting laundering.

- The decor and upkeep of resident bedrooms required review as these areas showed signs of wear and tear, a repeat finding from the June 2024 inspection.
- Some resident equipment, for example, comfort chairs and crash mats, were observed to be torn and damaged, requiring replacement or repair.
- Storage arrangements throughout the centre required review as there were examples of inappropriate storage of equipment, such as two Christmas trees being stored beside a toilet and oil-filled radiators within a shower cubicle.
- The reconfiguration of a residents bedroom was required to ensure the space provided a safe, homely environment.
- While a sluice room was available, a broken chair was stored in the room, making access to room contents difficult.
- Due to a resident's bedroom window opening onto the smoking area, there was not adequate access to ventilation.

Judgment: Not compliant

Regulation 18: Food and nutrition

Inspectors were not assured that food was properly and safely prepared, cooked and served due to the following findings on the first inspection day:

- the kitchen environment was visibly unclean
- kitchen equipment, cooking and serving utensils and residents' crockery were unclean
- food was not stored in a safe manner
- some cooking equipment, such as the microwave, was seen to be damaged

The provider responded by arranging for agency cleaning staff to clean the kitchen on the second day of inspection.

Judgment: Not compliant

Regulation 27: Infection control

The oversight of cleanliness and infection control required significant review to minimise the risk of transmitting a healthcare-associated infection, as evidenced by the findings below.

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control. For example:

- There were no cleaning schedules available to ascertain the frequency of routine and deep cleaning of resident bedrooms, en-suite bathrooms and resident equipment.
- There was no Legionella risk assessment, Legionella guidelines used in the centre, flushing records, or water testing reports available for review.

There were inadequate oversight systems in place to oversee environmental hygiene throughout the premises, as evidenced by:

- Inspectors findings that the kitchen, communal toilet, storage, staff and ancillary support areas were visibly unclean.
- A number of residents' bedrooms were found to have large pieces of dirt and debris under the beds.
- Resident equipment, such as crash mats, were observed to be torn and stained.

The management of the environment required review to minimise the risk of transmitting a healthcare-associated infection, for example:

- Some surfaces throughout the centre were observed to be significantly rusted and damaged and, therefore, could not be effectively cleaned; for example, several grab rails in en-suite bathrooms.
- Eight clinical sharps bins with contents were observed to be open and did not have their safety mechanism engaged in the treatment room. Open sharps bins without their safety mechanism engaged could lead to a needle stick injury.
- A hand gel dispenser outside the staff room was empty.
- An armchair and footstool were stored in the sluice room.

Judgment: Not compliant

Regulation 28: Fire precautions

The oversight of fire safety within the centre required review as the provider had not identified and managed some of the risks found on inspection.

The arrangements for maintaining means of escape required review, for example:

- The inspectors found four fire exits obstructed: one with furniture, a charging battery and cleaning equipment at the old lobby entrance, a second with a dining table and chairs at the sun exit fire exit, a third with boxes and other material at the store room 6 fire exit on the lower ground floor and the fourth with a laundry trolley at the fire exit outside the laundry.
- Wheelchairs and zimmer frames were stored in the corridor outside of the hoist storage area. This practice could impact these corridors being used as

means of escape in an emergency. Escape routes must be kept free of obstruction and inappropriate storage.

Arrangements for detecting a fire in the designated centre required review, for example:

- The smoking area did not have a call bell facility for residents to summon assistance in a fire emergency. This was a repeat finding from the June 2024 inspection.
- Due to the volume of boxes stored from floor to ceiling in store room 6, there was limited space surrounding the fire safety systems, such as the smoke detectors.

Precautions against the risk of fire required review, for example:

- Hoist batteries were being charged in the designated hoist storage area on a bedroom corridor. Charging hoist batteries on a bedroom corridor introduces a fire risk to this protected escape route.
- Two staff toilets / changing facilities had hairdryers that were significantly damaged and available for use. These devices required review to ensure they were safe to use.
- Twelve oxygen cylinders were found unsecured in an open, unlocked nursing office. The office had no signage on the door to alert people in the centre and the fire service to the presence of oxygen. An immediate action was issued to ensure the safe storage of the oxygen cylinders.
- There was a hole in the wall between the cold storage areas, which presented a risk of fire and smoke entering and spreading from these rooms to other parts of the centre in the event of a fire.

Gaps in mandatory staff fire safety training are addressed under Regulation 16: Training and staff development.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of four residents' records and found that significant action was required in all four cases to ensure each resident was comprehensively assessed on an ongoing basis and had a care plan that reflected their current needs, as evidenced by the findings below.

Residents with assessed needs did not have a care plan developed to manage these needs. For example:

- A resident assessed to be at medium risk of malnutrition did not have a nutrition care plan.
- A resident diagnosed with a skin condition did not have a skincare plan.

- A resident who required support with personal intimate care did not have an associated care plan.

Care plans were not always reviewed and updated following a change in the resident's condition, for example:

- A resident who had fallen did not have their falls prevention care plan updated until 10 days after they returned from the hospital.

Many of the individual care plans seen had generic pre-populated interventions listed and did not contain any person-centred information to guide staff care delivery adequately. Additionally, the interventions listed in these care plans, such as those referring to the falls clinic, were not being actioned.

Of the four residents' records seen by the inspectors, there was no evidence of consultation with the residents and, where appropriate, their families when care plans were developed and reviewed.

Judgment: Not compliant

Regulation 6: Health care

Notwithstanding residents' access to a range of healthcare professionals, some improvement was required to ensure that all residents had timely access to appropriate professional expertise based on their assessed needs and a high standard of evidence-based nursing care. For example:

- A resident seen to be agitated and unsafe within their specialised tilted seating had not been referred to an occupational therapist for a seating assessment. This resident was seen to be leaning forward and attempting to sit upright on multiple occasions, while at other times was sliding out of the chair. There was no record available to reflect that this resident's seating needs had been assessed by an occupational therapist or that the resident had been referred to an occupational therapist.
- A resident with a history of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) was assessed to require safety checks at 30-minute intervals. However, these checks were not completed at the required frequencies. The same resident was deemed to require certain therapeutic activities to meet his assessed needs; however, records reviewed by the inspectors did not evidence any such therapeutic activity occurring in the past 16 days.
- A resident was observed to be upset and anxious as they were not afforded with a medical treatment they required. This was addressed when highlighted to the management of the centre.

- A resident with a diagnosed skin condition was not receiving the required treatment despite requesting same from staff.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had not ensured that staff had up-to-date knowledge and skills appropriate to their role in responding to and managing challenging behaviour. A sample of staff spoken with confirmed they had not completed training on managing challenging behaviour. This was also evidenced by a training matrix reviewed and referenced under Regulation 16: Training and staff development.

The provider was seen to use behaviour observation charts, such as antecedent, behaviour, and consequence (ABC) charts, designed to gain an understanding of responsive behaviours and lead to the development of person-centred de-escalation techniques to guide staff in safe care delivery. However, for one resident, gaps in these records meant that these assessment tools were not being used consistently to understand the behaviour and respond in a manner that was not restrictive.

The inspectors found that residents predisposed to episodes of responsive behaviours, especially those with complex care needs, did not have sufficiently detailed and person-centred responsive behaviour care plans to guide staff and ensure their behaviour was managed and responded to, in so far as possible, in a manner that is not restrictive.

Inspectors found one circumstance where the centre's usage of restraint, specifically bed rails, was not in accordance with national policy published by the Department of Health, which required a full risk assessment of potential restraints being considered in order to enhance resident safety.

Judgment: Not compliant

Regulation 8: Protection

While the registered provider had taken measures to protect residents from abuse, the systems for recognising and responding to abuse incidents and allegations required some improvement. The provider had not reviewed all complaints received within the centre, to ensure potential safeguarding incidents had been identified as such. Complaints management documentation reviewed by the inspectors identified two incidents of alleged neglect which had not been recognised as safeguarding concerns. As a result, these two allegations had not been investigated and managed in line with the centre's safeguarding policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Actions were required to ensure residents' privacy and dignity in their bedrooms, as the inspectors observed an unobstructed view into residents' bedrooms from outside the centre, from the internal courtyard areas and the residents' smoking area. This meant residents could not undertake personal activities privately in their bedrooms.

It was noted from a review of documentation, observations and discussions with residents that while the provider had developed a range of activities available for residents to participate in, these did not consistently provide activation in accordance with all residents' interests and capacities. There was no evidence of consultation with residents currently residing in the centre with respect to the activities on offer or if they would choose an alternative if available. For example, group physiotherapy sessions and bingo. Several residents informed the inspectors that there were insufficient activities geared towards their needs, interests and capacities.

It was further noted from a review of documentation that residents were not consistently consulted concerning the centre's day-to-day operations, including care planning and activities. Records of residents' meetings were not available for inspections to review.

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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tinnypark Nursing Home OSV-0000707

Inspection ID: MON-0044793

Date of inspection: 21/01/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Housekeeping & Laundry staff have been recruited, to ensure the staffing compliment reflects the WTE outlined in the Statement of Purpose. • A contingency plan for unplanned absences of housekeeping and laundry staff has been developed. • Staffing levels and rosters continue to be reviewed weekly levels the Person in Charge (PIC) and Group General Manager (GGM)	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All staff will complete mandatory training including safeguarding, fire safety, and food safety training (as appropriate to their role). • All staff will complete challenging behaviour training. • The matrix has been updated to include details of the PICs mandatory training. • CPR Training has been booked for 07.03.2025 • Manual Handling Training is booked for 07.03.2025 • Fire Safety Training is booked for 07.03.2025 • The training matrix is updated weekly, will be reviewed by the PIC on a weekly basis and all outstanding training addressed immediately. o The oversight of the cleanliness: the chef will be responsible for ensuring that the kitchen & all related areas (prep kitchen/ storeroom etc.) is maintained to standard requirements. The PIC and Senior Management will continue to monitor and audit the standard of cleanliness in the kitchen.	

o A Housekeeping Supervisor post is advertised and once filled, this person will be responsible for ensuring that all other areas (communal & resident bedrooms etc.) are maintained to the required standards. The PIC will complete regular checks, with support from the IPC Lead Nurse, GGM and Quality Assurance Lead (QAL) to ensure that the standard of hygiene required is maintained.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
• Window 'film' has been installed at the main nurse station, and nurses have been instructed to ensure that the computer screen is locked when not in use & the office door is locked when the room is not occupied. PIC/ CNM will monitor this daily.
• Resident records were temporarily stored in the boardroom, have been removed.
• All nursing staff to redo training on record keeping, GDPR and confidentiality.
The issue with 'saving' the Resident Transfer Letter to the computerized record system has been identified and nurses are now aware how to save the transfer

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• A CNM has been appointed & has commenced in the role.
• An ADON has been appointed & will commence in the role 07.04.2025
• All laundry machines are working, and a contingency plan has been developed in the event that these machines again unexpectedly 'break-down' as they did on the day of inspection.
• The areas identified with additional storage which posed potential fire risks have been cleared & staff instructed not to store items in a manner which obstructs the emergency exits.
• Daily checks of 'means of escape' is completed by nursing staff and they have been reminded that all fire exit doors are checked and kept clear throughout the day/night.
• Requirement for oxygen cylinders has been reviewed & an appropriate number is stored securely in a locked room, with signage on the door, indicating the presence of oxygen cylinders.
• An alternative safer smoking area could not be identified to ensure safe supervision of resident. The current smoking area has been reconfigured, and additional measures have been put in place. A means of requesting assistance has been put in place.
• Nursing staff have been advised to ensure that nutritional supplements (medicinal

products) are stored in the locked treatment room, immediately on delivery.
• The immediate cleaning of the kitchen was completed on 24.01.25.
• A Kitchen SOP Manual has been developed, which directs staff in standard procedures for cleaning kitchen equipment, and includes guidance on materials to be used, step by step instructions and frequency of cleaning.
• A daily and weekly deep cleaning schedule for the kitchen is in place.
• Regular sign-off checks & kitchen audits are in place.
• All catering staff have completed Level 1 HACCP refresher training.
• The Chef has completed Level 3 HACCP refresher training
• EHO visits on 11.12.24 and 4.02.25, found the kitchen to be compliant with hygiene standards
• Legionella Risk assessment & water safety plan have been completed. The PIC, Chef, CNM & Maintenance Persons have completed a course which explains Legionella, its potential risks & how to control them. Legionella Certificate Analysis received on 03.03.2025 with result of Not Detected
• A full review of care plans is in progress and will be completed by 30.06.25
• All staff will complete challenging behaviour training on 31.03.25
• Monthly audits resumed in February 2025 (including auditing data collected January 2025)
• Residents Rights: Privacy screens will be placed on relevant windows (following consultation with residents)
• Resident meetings to be held every 3 months, records of resident meetings are recorded and will be available for review during future inspections.
• Key to me will be redone for all residents and the findings used to inform activity programs for group and individual residents.
• Contract of Care for services provided is in line with legislative requirements.
• All notifiable incidents will be notified within the statutory time frames.
• Maintenance & Repairs – a new Maintenance Person has been appointed and a schedule of weekly & monthly maintenance tasks including preventative tasks will be implemented. Completion of these tasks will be overseen by the PIC with support from the GGM/ QAL.
• A full building review for painting requirements for communal areas is complete, with the lobby/ dining room slope area now complete. All communal areas painting work will be completed by 31.08.25
• Pharmacy Stock control – a review of residents Kardex will be completed, and all sundry products will be included to ensure that these are ordered as required monthly.
• The restrictive practice register has been updated and is available for review.
• Residents' records which were temporarily stored in the board room have been removed.
• The floor plans are being currently reviewed and application to vary condition 1 of the Centre's registration will be submitted by 30.05.2025.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• All notifiable incidents will be notified within the statutory time frames.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• All complaints received will be reviewed to determine if the underlying matters relate to potential safeguarding concerns, the PIC will seek further clarification/ complainant, and advice from the Safeguarding Protection Team, Case Holder Inspector, Group General Manager, Quality Assurance Lead, as required.
• All records of actions taken to address or manage complaints will be maintained contemporaneously.
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Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• A full building review for painting requirements for communal areas is complete, with the lobby/ dining room slope area now complete. All communal areas painting work will be completed by 31.08.25
• Any damaged equipment, furniture & fittings will be replaced or repaired by 1.07.25
• Maintenance & Repairs – a new Maintenance Person has been appointed and a schedule of weekly & monthly maintenance tasks including preventative tasks has been implemented. Completion of these tasks will be overseen by the PIC with support from the GGM/ QAL.
• All residents have call bells, staff have been reminded to ensure that call bells are within residents reach, the CNM/ Nurse on duty will also monitor resident accessibility to call bells; and the easy access to call bells is included in the Health & Safety Walkthroughs which are carried out at a minimum of every two months.
• Storage areas have been tidied & unnecessary items removed; bulkheads & fire exist routes are not obscured/ blocked.
• Daily checks of the sluice to be completed to ensure that no inappropriate items are stored there.
• An alternative safer smoking area could not be identified to ensure safe supervision of residents. The current smoking area has been reconfigured, and additional measures have been put in place. Safety measures include:
o Ensuring that seating is two metres from the window, this decreases the chance of

smoke entering the bedroom.
o The window is to be closed while the resident is smoking (a notice to this requirement is in place), this reduces the risk of smoke entering & by opening the window afterwards this allows ventilation.
o The enclosed area means that there is little impact from wind blowing towards the direction of the window, which reduces the risk of smoke blowing back into the room.
o Visitors are not permitted to smoke in the residents' smoking area, and only one resident is a smoker, therefore the frequency of smoking is reduced, which in turn reduces the risks of buildup of smoke residue.
o There is no area of negative pressure running elsewhere near the bedroom that could pull smoke inside.
o An additional smoking area will be in place by 30.04.2025.
A means of requesting assistance has been put in place.
• The bedroom which required reconfiguration has been reconfigured, insofar as the resident has agreed/ permitted. This was done in consultation with the public service Occupational Therapist. Additional safety measures have been implemented, including safety mats, wardrobe changed, cushioning on bed/furniture edges, and moving the television to reduce injury risk, and meet the resident's needs, and mitigate risks.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• A Kitchen SOP Manual has been developed, which directs staff in standard procedures for cleaning kitchen equipment, and includes guidance on materials to be used, step by step instructions and frequency of cleaning.
• A daily and weekly deep cleaning schedule for the kitchen is in place.
• Regular sign-off checks & kitchen audits are in place.
• All catering staff have completed Level 1 HACCP refresher training
• The Chef has completed Level 3 HACCP refresher training
• EHO visits on 11.12.24 and 4.02.25, found the kitchen to be compliant with hygiene standards
• The microwave has been replaced.

Regulation 27: Infection control	Not Compliant

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

• House Keeping Cleaning Manual/ SOPs with instructions and guidance will be developed.
• There is a daily cleaning schedule & deep cleaning schedule in place
• Legionella Risk assessment & water safety plan have been completed. The PIC, Chef, CNM & Maintenance Persons have completed a course which explains Legionella, its potential risks & how to control them. Legionella Certificate Analysis received on 03.03.2025 with result of Not Detected.
• Water Flushing schedules are in place
• A full assessment of the premises will be complete by
o Damaged equipment, furniture & fitting will be replaced or repaired by 31.07.25
• Daily checks of the sluice to be completed to ensure that no inappropriate items are stored there.
• HK Supervisor post is advertised and once filled, this person will be responsible for ensuring that all other areas (communal & resident bedrooms) are maintained to required standards. The PIC will complete regular checks to ensure that the standard of hygiene required is maintained.
• Excess sharps bins have been removed from the treatment room, and nurses have been advised on the safe use of sharps bins (assembling, temporary closing & sealing)

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Stores impacting access to fire exists will be removed
• Stores which obscure the 'bulk heads' have been removed
• The dining room table and chairs have been repositioned to ensure easy access to the fire exit.
• All staff have been advised of the importance of keeping fire exits clear of obstructions and daily monitoring.
• Daily checks of fire exist routes maintained.
• An alternative safer smoking area could not be identified to ensure safe supervision of resident. The current smoking area has been reconfigured, and additional measures have been put in place. A means of requesting assistance has been put in place.
• Hoist battery are no longer charging in the corridor, an alternative area has been found.
• Damaged hairdryers have been removed
• Requirement for oxygen cylinders has been reviewed & an appropriate number is stored securely in a locked room, with signage on the door, indicating the presence of oxygen cylinders.
• The damaged wall in store room 8 will be repaired
• Fire safety training will be completed by 31.03.2025
• The number of required wheelchairs has been reviewed & excess wheelchairs have been removed, assured that this is sufficient space to safely store wheelchairs & ensure that there is no requirement for them to be left on the corridor. Staff have been advised

to ensure that wheelchairs are stored safely at all times when not in use. The walking aids have been removed from the storage area on the corridor.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• A full review of care plans is in progress and will be completed by 30.06.25
• In order to ensure that residents with higher risks are identified and have appropriate care plans in place, a clinical risk register has been developed, which will identify residents at risk of falls, malnutrition, skin integrity issues etc., this will support the identification of residents with increased risks. Residents with increased risks will have appropriate care plans developed to guide staff in meeting their needs, reducing risk. Residents with malnutrition risks now have appropriate care plans in place, by 31.03.25 residents at risk of developing skin integrity issues such as pressure ulcers will have appropriate care plan in place. Residents with increased falls risks will have appropriate care plans in place by 14.04.25.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• Review of supervisory checks has been completed, updates to staff regarding the importance of maintaining these, Staff Nurse allocated to the residents' daily care will monitor to ensure that checks are completed & documentation is complete. The PIC & CNM will complete regular 'spot-checks to ensure completion.
• Residents have been referred to public OT services, as required, 2 referrals have been declined, with advise that residents/ family should purchase specialist chairs, follow up referrals with outlined risks for these residents have been submitted.
• Pharmacy Stock control – a review of residents Kardex has been completed, and all sundry products have been included to ensure that these are ordered as required monthly.
• Key to me will be redone for all residents and the findings used to inform activity programs for group and individual residents.
• Challenging/ Responsive Behaviour Needs will be reviewed as part of the careplan reviews, and appropriate care plans updated/ implemented for all identified residents by 30.06.25
• The GP of the resident referred to with a skin condition, was requested to complete a review and prescribe an appropriate treatment.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• All staff will complete challenging behaviour training by 31.03.25
• Challenging/ Responsive Behaviour Needs will be reviewed as part of the careplan reviews, and appropriate care plans updated/ implemented for all identified residents by 30.06.25
• The requirement for restraint/ restrictive devices has been reviewed for all residents and the restraint register is up to date, all residents using any restraint/ restrictive devise have an appropriate risk assessment in place. Staff have been advised that it is not acceptable to use bedrails unless this has been advised by a member of the nursing team, who will ensure that appropriate full risk assessments have been completed in order to enhance resident safety. The PIC/CNM will carry out regular spot checks to ensure the use of restraint is in line with national policy.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• All complaints received will be reviewed to determine if the underlying matters relate to potential safeguarding concerns, the PIC will seek further clarification/ complainant, and advice from the Safeguarding Protection Team, Case Holder Inspector, Group General Manager, Quality Assurance Lead, as required.

Regulation 9: Residents' rights	Substantially Compliant

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

• Residents Rights: Privacy screens will be placed on relevant windows (following consultation with residents)
• Resident meetings to be held every 3 months, records of resident meetings are recorded and will be available for review during future inspections.

• Key to me will be redone for all residents and the findings used to inform activity programs for group and individual residents.
• Contract of Care for services provided is in line with legislative requirements.
Prospective residents, along with their families or representatives, are consulted during the pre-admission process and prior to the signing of the contract of care. This consultation ensures that they are provided with comprehensive and accessible information regarding the range of services provided at Tinnypark Nursing Home and the cost of these services.
The contract of care is aligned with the Common Contract of Care Principles (CCP) and upholds the rights of all parties involved. It is presented in a manner that supports informed decision-making and ensures transparency. Importantly, residents are given the opportunity to review the contract and make a voluntary and informed choice to reside at Tinnypark Nursing Home, in keeping with their right to autonomy, dignity, and participation in decisions about their care.

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	31/03/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/03/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/03/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	31/08/2025

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Red	14/03/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	31/03/2025
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	31/08/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	28/01/2025

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/07/2025
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.	Not Compliant	Orange	31/03/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	23/01/2025

Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	14/02/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/06/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under	Substantially Compliant	Yellow	30/06/2025

	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 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	30/06/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/06/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge	Not Compliant	Orange	30/06/2025

	shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	30/06/2025
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	14/02/2025
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	31/05/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/05/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	31/05/2025

	that a resident may be consulted about and participate in the organisation of the designated centre concerned.			