



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

Issued by the Chief Inspector

Name of designated centre:	Moyglare Nursing Home
Name of provider:	Moyglare Nursing Home Limited
Address of centre:	Moyglare Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	12 April 2022
Centre ID:	OSV-0000072
Fieldwork ID:	MON-0034241

About the designated centre

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

Moyglare Nursing Home is a ground floor purpose-built nursing home with a capacity of 54 residents located on the outskirts of Maynooth, Co. Kildare. A variety of communal facilities for residents are available, and residents' bedroom accommodation consists of a mixture of 38 single and eight twin bedrooms. Some have en-suite facilities, and all have wash hand basins. Its intent is to provide each resident with the highest quality standards of professional nursing care and a commitment to involve residents' families in the delivery of services and continuum of care. Staff strive to work effectively with the multi-disciplinary teams who are involved in providing care and services for residents. Nursing care is provided on a 24-hour basis. The philosophy of care is to maintain the basic values which underline the quality of life, autonomy, privacy, dignity, empowerment, freedom of choice and respect for the humanity of each individual resident. Quality of life and well-being are the primary aim of health care provision within this designated centre. The delivery of high-quality person-centred nursing care is a priority and is supported by the wide range of nursing experience and qualified staff that have sufficient competencies, characteristics and interpersonal skills to form positive and genuine partnerships with residents. The integration of health promotion, independence, and meaningful activities is an essential component of this service.-

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 April 2022	09:00hrs to 17:00hrs	Helena Budzicz	Lead
Tuesday 12 April 2022	09:20hrs to 16:50hrs	Kathryn Hanly	Lead
Thursday 21 April 2022	09:00hrs to 17:00hrs	Brid McGoldrick	Support
Tuesday 12 April 2022	09:20hrs to 16:50hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

The inspectors spoke with several residents throughout this unannounced two-day inspection. The feedback was unanimous that they were satisfied with the care received in the centre and that the staff were attentive and kind. However, one resident spoken with said that COVID-19 restrictions had a negative impact on their quality of life and said they were fearful that public health restrictions would be re-imposed by the government.

Moyglare Nursing Home is a designated centre for older people which is registered to provide care for 54 residents. The centre is situated close to the centre of Maynooth town. There were 40 residents living in the centre on the day of this inspection. Residents' accommodation was laid out over one floor, with provider's facilities located on the first floor. The centre is divided into four units St Anthony's, St Pio's, St Margaret's and St Martha's. Bedroom accommodation consists of 8 twin-rooms and 39 single rooms, of which nine single rooms had an en-suite. Some of the en-suites were small, and in addition, the shower corner had a step. The en-suite may not provide sufficient room if a resident required specialised equipment.

Inspectors observed some examples of good practices in the prevention and control of infection. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed. Staff wore respirator masks when providing direct care to residents. However, inspectors observed some staff wearing two surgical masks, the staff did not change gloves in between the residents, or they applied an alcohol-based hand gel on their gloves. Inspectors saw more attention was needed to the cleanliness of the environment, equipment and the overall condition of the equipment. For example, inspectors observed that beds were made with stained linen, and some of the surfaces and finishes, including wall paintwork and flooring, showed signs of wear and tear.

The bedpan washer was out-of-order. Inspectors were informed that a replacement had been ordered. However, assurances were not provided at the time of the inspection that the decontamination of urinals, commode basins and bedpans was being managed in line with best practice. Manual cleaning and disinfection of utensils must be avoided due to the high risk of contamination.

Staff informed inspectors that they had changed into their uniforms and had lunch in the same room. Failure to appropriately segregate functional areas poses a risk of cross-contamination. While the centre provided a homely environment for residents, further improvement was needed to achieve compliance with Regulation 27: Infection control.

Barriers to effective hand hygiene practice were also identified during the course of this inspection. For example, alcohol-based hand gel was located at every hand-wash sink. There is the potential that this may be inappropriately used instead of liquid soap for hand washing in such circumstances. A risk assessment should be

undertaken regarding the appropriate placement of alcohol-based hand gel dispensers. Posters illustrating the correct procedure to perform hand rubbing were not clearly displayed above all alcohol-based hand gel dispensers. Findings in this regard are further discussed under the individual regulation 27.

While coordinated social activities took place in one of three sitting rooms on the day of inspection, there were no activities provided for residents in the other two sitting rooms or one-to-one activities were not facilitated on the day of the inspection for the high-dependency residents who spent most of the time in their bedrooms. There were no activities organised in the afternoon. The staff brought residents from another unit, and the day room was crowded. Residents were observed watching TV, and some residents were observed to be sleeping whilst other residents, some of whom had high-dependency needs, appeared to be either disinterested or unable to participate. There were instances when inspectors observed that the sitting rooms were unsupervised. Residents were pacing the corridors, some in their wheelchairs, or the doors on the bedrooms with high-dependency residents were being closed.

Inspectors observed the mealtimes, and meals were seen to be tastefully presented. The inspectors observed the lunch-time meal and found that staff assisted residents discreetly and respectfully. Residents spoken with confirmed that food portions were generous and snacks were available between meals and at night time. However, the food menu was not displayed in an accessible format in all dining rooms.

Capacity and capability

The inspection of Moyglare Nursing Home took place over two days on 12 April 2022 and 21 April 2022. On the first day of the inspection, the inspectors reviewed the compliance of the centre with Regulation 27: Infection Control. However, the inspectors identified significant risks in respect of the quality and safety of the service provided to residents. The inspectors returned for a second-day risk-based inspection and focused on the care and welfare of residents in the centre. The findings of these inspections were that the governance and management in the centre were not strong enough to maintain sufficient managerial oversight of key-areas including, including staffing levels, staff supervision, infection prevention and control, residents' rights, fire prevention and health care delivery. Residents' basic social and health care needs were not met on the day of the inspection.

The registered provider was Moyglare Nursing Home Limited. The company has two directors, one was the person in charge, and the other director represented the provider and attended the centre on a regular basis. The person in charge was supported in their management role by the registered provider representative, who was actively involved in the running of the centre on a daily basis. While they communicated regularly, there was no systematic approach to enable effective governance and oversight.

The person in charge worked in the centre in a supernumerary capacity Monday through to Friday. However, deputising arrangements for the person in charge were not clearly recorded on the staff roster. The person in charge informed inspectors that the senior management team had been expanded to include a senior staff nurse. However, this role was not identified in the rosters viewed by inspectors, and the roster did not reflect the staffing levels outlined in the statement of purpose. There were insufficient levels of housekeeping and activities staff.

The registered provider representative was the designated infection control lead. Three staff nurses assumed the role of infection control link practitioners. However, inspectors were informed that this was not a formalised arrangement with protected hours allocated for their role.

The supervision and oversight of cleaning practices also required improvement. Cleaning checklists and colour coded flat mops and cleaning cloths were introduced. However, inspectors observed that some cleaning records had not been signed. Findings in this regard are further discussed under the individual Regulation 27.

The centre's outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. However, a formal review of the management of the February outbreak of COVID-19 to include lessons learned to ensure preparedness for any further outbreak had not been completed.

A list of residents that were colonised with a multi-drug resistant organism (MDRO) was kept in a communication diary; however, there was some ambiguity among staff and management regarding which residents were colonised with what MDRO.

Inspectors observed that there was insufficient supervision to ensure that staff had read and understood the policies and procedures related to their mandatory training and that learning was implemented in practice.

Records and documentation required by Schedule 2, 3 and 4 of the regulations were made available on the inspection day. However, the records for staff and residents were not complete, as detailed under Regulation 21: Records.

Personal identification numbers (PINs) were in place for all nurses registered with An Bord Altranais agus Cnaimhseachais na hEireann.

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. However, the satisfaction of the complainant with the outcome of the investigation was not clearly stated in the complaint log.

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

Regulation 15: Staffing

On the second day of inspection, there were insufficient staffing resources allocated to residents in the centre. This was evidenced by delayed care, lack of activities and supervision of residents and from the feedback of residents and staff. The registered provider assured inspectors that there was an emergency situation, and he committed to ensure to provide an adequate number of staff with the required skill mix to provide timely support to the residents.

Inspectors reviewed two-weeks' rosters and noted that the roster did not reflect the numbers of whole-time equivalent staff for all grades set out in the centre's statement of purpose. For example:

- There was no maintenance personnel employed in the centre on full-time bases as outlined in the statement of purpose.
- The person in charge did not have any additional managerial support in running the centre on a day-to-day basis. The senior staff nurse was working as a staff nurse without any managerial hours allocated to their duties.
- There was no full-time employed manual handling instructor in the centre.
- Activities co-ordinators were available two to five days a week. Inspectors were informed that the activities in the absence of activities co-ordinators were allocated to be provided by care staff who were expected to take on an additional role. However, there was no extra staff rostered to provide activities for residents seven days a week.
- Staffing was not effectively planned, organised and managed to meet the services' infection prevention and control needs. The household staff was rostered to work from 8.00 to 14:00 hrs a week; however, on some days, there was only one staff rostered. In the absence of one household staff, there was no replacement provided, and there was no household rostered on after 14:00 hrs daily.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors found a number of gaps in staff training records, specifically in respect of training in manual handling, infection control and prevention, medicine management, fire training and safeguarding adults at risk.

Appropriate supervision of all grades of staff and oversight of the standard of care and service provided to residents was not adequate. Residents' records, staff practices and information provided by staff demonstrated that there was poor oversight of recognition of residents' needs and residents' care and staff supervision.

There was a suite of infection prevention and control policies in place. However, the

most recent version of Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities was not readily available to staff.

Judgment: Not compliant

Regulation 21: Records

Inspectors reviewed the staff roster and found that the roster did not accurately reflect all staff working in the centre.

A sample of four staff files was reviewed and found to contain all of the requirements of Schedule 2 and 4 of the regulations. However, there was no staff file created for one staff who worked in the centre. Additionally, one staff member did not have the required Garda Siochana (Irish police) vetting clearance in place prior to commencing employment.

Inspectors found that documentation was not consistently completed as set out in Schedule 3:

- Residents' repositioning charts were not in place for residents who had pressure sores and required frequent changes of position.
- There was no evidence that the urinary catheter bags were changed as the centre did not keep the records of management of the urinary catheter on a daily basis.

Judgment: Not compliant

Regulation 23: Governance and management

Governance and management arrangements were not effective and did not identify the impact of poor quality care and support being delivered to residents. Although there was a defined management structure in the centre, the deputising arrangements were not satisfactory.

Nursing knowledge and skills at all levels were not adequate to provide evidence-based nursing care. Delays in recognising and acting on changing clinical needs of residents impacted negatively on the health and welfare of residents, as outlined under Regulation 6: Health care.

Inspectors found that the oversight of a number of key-areas was not adequate. Key-Quality indications (KPIs) such as falls, restraints, weight loss, pressure ulcers, infections and indwelling catheters were monitored weekly; however, these KIPs did

not reflect the clinical findings of this inspection and therefore failed to provide clinical oversight of how the service was performing and analysing the information to improve outcomes for residents.

The audit system evidenced was inadequate to provided oversight of the service to be assured of effective monitoring to enable consistent and safe care. For example, the infection prevention and control audits were not tracked and trended to monitor progress. There were no records of actions or improvements that had been implemented as a result of audits undertaken. This was a lost opportunity for learning.

While incidents were appropriately recorded, in some of the incidents there was evidence of contributing factors leading to incidents and further recommendations on how to prevent re-occurrence. Furthermore, the learning from incidents was not always in place, and evidence was missing that these leanings were shared with the staff. In addition, inspectors reviewed the un-witnessed falls in the centre and found no evidence of neurological observations being recorded.

Monitoring systems were required to ensure that restraint was used in accordance with national policies.

A review of the quality and safety of the service was available for 2021; however, there was no evidence that this review was prepared in consultation with residents and their families.

The management systems in place did not ensure that a number of significant fire safety risks were identified, managed and effectively mitigated, as evidenced under Regulation 28: Fire precautions.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed five samples of residents' contracts of care and found that further oversight was required by the registered provider to ensure all contracts issued to residents contained the occupancy of each bedroom, for example, single or multi-occupancy, the bedroom number and fees, if any, to be charged for services.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Quarterly reports notified to the Chief Inspector did not include the use of

environmental and physical restrictive practices as outlined under Regulation 7: Managing behaviour that is challenging.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While the complaint log was maintained, the inspectors noted that some complaints were not recorded appropriately and did not evidence if the complainant was satisfied with the outcome and whether the resident was satisfied.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were in place and updated on a three-yearly basis, in line with regulatory requirements. However, while policies were evidence-based, providing good detail on how to deliver care and service, the inspectors found not all policies were implemented in practice. For example, the use of restraint, meeting the nutrition and hydration needs of residents, recruitment selection and garda vetting of staff, staff training and development and management of complaints.

Judgment: Substantially compliant

Quality and safety

While some areas of good nursing and care practices were noted, the management failed to fully oversee the medical and nursing care of the residents, and there was a knowledge deficit in relation to some aspects of care provision. A focus on safety and quality improvement was needed to ensure residents received a safe and appropriate service in line with their assessed needs. Moreover, the registered provider did not have oversight and management of fire safety in the centre.

Residents had a choice of general practitioner (GP), and most of the residents were registered with a GP from a local practice.

Inspectors reviewed aspects of all the residents' records throughout the two days of the inspection, which identified areas of poor practice related to residents' assessments and care plans. The inspectors found that improvements were required

to ensure that care plans reflected the residents' current needs in order to guide care. This will be discussed further under regulation 5.

An outbreak of COVID-19 was declared in Moyglare Nursing home in February 2022. This was the first significant outbreak experienced by the centre since the beginning of the pandemic. While it may be impossible to prevent all outbreaks, careful management can mitigate the spread of infection and limit the impact of outbreaks on the delivery of care. A total 36 residents had tested positive during mass testing. There was limited transmission to staff, with only five staff testing positive. Inspectors were informed that once the outbreak was identified, the seven residents in whom COVID-19 had not been detected had been placed in protective isolation and did contract COVID-19 infection.

Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control of the spread of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

Restrictive practices were observed during the inspection where residents were confined in their own bedrooms during the day, or the restraints were inappropriately used by staff. This is discussed later in the report under Regulation 7: Managing behaviour that is challenging.

Visits to the centre were operating in line with current Health Protection and Surveillance Centre (HPSC) guidance.

Findings on inspection indicated that there were differing approaches to care, residents' rights and activities which required review to ensure that all residents were facilitated to participate in life in the centre to the best of their ability. This is discussed in detail under Regulation 9: Residents' rights.

Regulation 17: Premises

Inspectors found that the premises did not conform to the matters outlined in Schedule 6 of the regulation in relation to the following:

- Ramped floor areas were not highlighted as a safety measure to ensure care on approach.
- Mobility equipment such as hoists were inappropriately stored in corridors when not in use.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider did not ensure that a high standard of evidence-based medical and nursing care was provided for all residents.

Inspectors tracked residents and found that timely referrals to allied health care were not consistently made. Arrangements for access to health and social care professionals, such as occupational therapy, physiotherapy, tissue viability nurse (TVN) and chiropodists, required review. For example:

- The chiropodist did not review some residents since July 2021.
- One resident had the toe on their leg infected, and inspectors noted that there was no referral sent to the relevant health practitioners such as TVN, chiropodist or diabetic clinic for further review and treatment. Furthermore, there was no evidence that this issue was referred to a general practitioner.
- Some residents were in need of using specialist seating and mobility slings to enable them to take a shower. There was no evidence that the equipment was provided following a specialised assessment as their needs changed. Additionally, the manual handling assessment completed for these residents was not accurately reflecting residents' mobility needs, and insufficient details were provided to ensure consistent, safe use of the hoist and appropriate mobility equipment.
- The inspectors observed several residents with severe leg and hand contractions. There was no evidence that these residents were appropriately assessed by occupational therapists or physiotherapists. Inspectors also observed inappropriate equipment or no mobility equipment being used while supporting residents who required frequent repositioning in the bed.
- The inspectors noted that two residents in the centre developed pressure ulcers; however, when inspectors approached the person in charge and nurses on duty, these wounds were not recognised as pressure ulcers. The inspectors requested the provider to arrange an urgent review of the skin integrity of all residents living in the centre.
- Failure to monitor the nutritional risk of high dependent residents using alternative methods of Body Mass Index (BMI) estimation - the mid-upper arm circumference (MUAC). Additionally, there wasn't a hoist weighing scale available in the centre.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Inspectors observed that some of the environmental and physical restrictive practices used in the centre, such as the controlled access on front doors and fob-pad doors between the units. Inspectors observed that residents were confined in their own bedrooms during the day, or staff used the lap belts for residents and table attachments for their wheelchairs. These practices were not appropriately risk assessed prior to their use. Moreover, these practices were not regularly monitored

in the restrictive practice register or documented in the residents' care plans.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors observed that significant improvements were required to ensure that residents were given the opportunity to exercise choice regarding their daily routines and to participate in meaningful activities in line with their interests and preferences. For example:

- Although a daily activity schedule was in place, inspectors observed that activities were provided only in one unit, and there were a number of residents observed in their bedrooms for whom no activities were provided.
- The purpose of use of the Oratory room, as stated in the statement of purpose was changed, and the staff used this room as a staff room. As a result, the residents could not exercise their religious rights.

Furthermore, the inspectors were not assured that the privacy and dignity of residents were respected in the designated centre at all times. For example:

- The oversight of staff allocation required improvement. For instance, on some occasions, the inspectors found that the call bells for residents who were in the bedrooms were not within their easy reach or were not working. Furthermore, inspectors observed that in some bedrooms and communal areas bells used by the residents were missing. This was of concern for residents who were at risk of falls, were immobile and unable to leave their chairs, or were unable to summon staff assistance due to their cognitive impairment.
- A key-lock was fitted on the doors to the enclosed outdoor garden provided for residents. Residents could not choose to go out into the garden as they wished without seeking staff assistance with unlocking these doors for them.
- Bedroom 15 was located in the lobby area of the centre beside the main entrance door and porch. Doors in the bedroom were left open, which was not supporting the resident's dignity and privacy. Additionally, the resident had to go through the lobby/communal areas to access the shower facility.
- Privacy curtains in twin-occupancy rooms required a review of the arrangement in place to ensure residents' privacy was required. For example, the privacy screens were not ensuring that both residents had an equal amount of space, and there was a gap when the privacy curtains were closed. In addition, the privacy curtains were not installed around the full lengths of beds, protecting only one side of the bed.
- The wall lamp in some of the twin-occupancy bedrooms was not always placed in an accessible location for residents.

Inspectors observed practices which were institutionalised rather than person

centred. For example:

- Residents were allocated days when they were scheduled for a shower and days when they could sit out in a chair. This resulted in residents being offered showers on certain days and residents being confined to bed most days.
- Inspectors observed staff using incontinence bed sheets.
- Inspectors observed that the Food menu and activities schedule was not displayed in all communal rooms or dining rooms in all units in the centre.
- Inspectors observed instances when staff was moving residents without asking them for their consent or explaining to them what they were intended to do or transferring residents in the wheelchairs without the foot pedal support.

Admission and advocacy arrangements required review to ensure that younger residents with complex health issues would receive the appropriate care and support to effectively meet their needs. There were two residents under 60 years of age living in the centre at the time of inspection.

Judgment: Not compliant

Regulation 27: Infection control

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 and antimicrobial stewardship. This was evidenced by;

- Surveillance of antibiotic use, infections and colonisation were not routinely undertaken and recorded as recommended in the centre's own infection prevention and control guidelines. This would enable the provider to monitor antimicrobial use, changes in infectious agents, and trends in the development of antimicrobial resistance.
- New admissions were required to isolate for seven days on admission regardless of COVID-19 or vaccination status. This is not in line with updated HPSC guidance.

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

- There was a limited number of clinical hand-wash sinks for staff use within the centre. The stainless steel sinks in the treatment room and dirty utility rooms did not comply with current recommended specifications for clinical hand-wash sinks.
- Some surfaces and flooring were worn and poorly maintained within a small number of rooms and, as such, did not facilitate effective cleaning.
- Dust control methods were not in line with best practices. A sweeping brush

was used in the resident's bedrooms. The use of a vacuum or dust-attracting dry mop is recommended prior to wet mopping.

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment. For example, manual handling slings and clean laundry were stored in the sluice room.

Equipment and supplies were not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example:

- Bottles of soap within residents' rooms were being refilled topped up from five-litre containers. Single-use bottles should not be topped up to avoid the risk of contamination.
- Some sterile wound dressings had passed their expiry date. This may have impacted their effectiveness.
Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces.
- Some items of resident equipment observed during the inspection were visibly unclean, including the shower chairs and raised toilet seats.
- A bedpan used by a resident that was colonised with an MDRO was not routinely decontaminated in the bedpan washer after use.
- Disposable bed curtains were used in twin rooms. The dates on the curtains indicated that they had not been changed as part of the deep clean when transmission-based precautions had been discontinued in March 2022. Curtains should be washed or changed when visibly soiled after transmission-based precautions have been discontinued and routinely every six months.
- A staff member confirmed that a urinary catheter was placed on a resident's bed. Local guidelines advised that urinary drainage bags should be placed on a catheter stand below the level of the bladder.
- Reusable nebulisers were not rinsed with sterile water and stored dry after each use. The residual volume should be rinsed out with sterile water after use, and reusable nebuliser chambers should be stored clean and dry between uses.

Judgment: Not compliant

Regulation 28: Fire precautions

Assurances were required on the evacuation strategy for residents and that the evacuation aids identified for use for each resident can fit and manoeuvre along the full length of each escape route that may be used, including alternative escape routes. For example:

- Bedrooms 8 and 9 have an exit door from their bedroom; however, staff could not inform inspectors on they would assist residents in these rooms if

access through the corridor is restricted. The exit route through the corridor is narrow at one point. The evacuation aids required had not been tested. The external path from this exit had a waste bin which could cause a delay in exiting the centre.

- The alternative escape from the corridor with bedrooms 30-35 was through the day room. There was no evidence that the route had been tested with evacuation requirements for the residents living in this area.
- The means of escape from bedroom 15. The escape route from this area was through a lobby/sitting room. This requires review to determine if this bedroom is an inner room and to ensure an adequate means of escape for the resident.
- Changes had to the floor plans identified an office located at the top of the spiral stairs where it is open to the bedroom escape corridor.

Inspectors observed practices in the centre which presented a risk of fire, such as:

Fire doors were noted to be wedged open on both days of inspection. Where a fire door is required to be in the open position, appropriate devices connected to the fire detection and alarm system should be installed.

Some areas of the centre did not have detection, for example, a room called the clean store room.

There was two fire hose reel stored in rooms, and staff informed inspectors that these were not in use anymore. If a fire hose reel is in place, it should be serviced along with other fire-fighting equipment.

The fire procedure notices on display were at variance with each other. In addition, inspectors noted areas of the centre which did not have adequate directional escape signage to direct occupants to the appropriate exits.

Inspectors viewed a document called 'Transport plan', which confirmed bed evacuation is used for some residents in the event of an evacuation for high-dependent residents. This did not accord with what inspectors were told during the inspection. Some residents were assessed as requiring ski sheets for evacuation. The inspectors noted that at least two residents who required these aids did not have them in situ. A full review of residents' assessed needs is required to assess the most suitable evacuation aid required for both day and night evacuation.

It was noted during the inspection that there were discrepancies between the floor plans on file for registration and the layout as it exists.

A wooden structure which was a smoking area was not fit for purpose and did not have in place appropriate fire fighting equipment in place.

Given the totality of the findings of this inspection, the provider was required to have a competent person complete a fire risk assessment.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

There was no wound assessment completed to monitor the progress towards healing, and no wound care plans were developed.

The care plans on how to support residents' mobility needs were not accurate as the manual handling assessment did not reflect residents' mobility needs correctly.

The nutritional care plans were not updated to reflect the latest recommendations from a health and social professionals.

In addition, the care plans did not give clear and up-to-date information about the care interventions that were required for each resident.

COVID-19 care plans were in place for all residents. However, person-centred care plans for residents colonised with MDRO's had not been completed.

Judgment: Not compliant

Regulation 11: Visits

Inspectors did not find evidence that visiting had been facilitated in line with the latest public health guidelines. For example, one visitor reported that visits by unvaccinated relatives and children were discouraged. They said they had not received clear communication regarding the latest visiting arrangements. They reported that only one visitor was allowed into the residents' rooms at a time. Where more than one visitor was in attendance, visits were facilitated in an area with a perspex screen. Another visitor said that all visits, including window visits, had been suspended during the February outbreak. Inspectors were also informed that visits continued to be booked on a scheduled basis. Proportionality requires that restrictions to individual liberty and measures taken to protect residents from serious harm should not exceed what is considered necessary to address the actual level of risk.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 11: Visits	Substantially compliant

Compliance Plan for Moyglare Nursing Home OSV-0000072

Inspection ID: MON-0034241

Date of inspection: 21/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Specific:</p> <ul style="list-style-type: none"> • Maintenance Personnel employed on a full-time bases, garda vetting obtained. • In house manual handling instructor on premises • There is an activities co-ordinator available Monday to Friday five days a week. • There is an activity co-ordinator available Saturday and Sunday • We are employing an activities co-ordinator part time once Sonas course is completed- July 31st, 2022. • Outsourced entertainment commenced garda vetting obtained. • Household Staffing has been reviewed to ensure a more efficient, planned and organised to meet Moyglare Nursing Home needs therefore there will be 2 household staff on duty 08.00- 14.00hrs and one rostered till 16.00hrs • PIC and two staff members will supervise cleaning ensuring cleaning is effectively done and will carry out audits. • A deep cleaning roster for each area will be carried out monthly and same will be audited <p>Realistic: Realistic Time bound: Ongoing Complied: 24/04/2022</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Specific:</p> <ul style="list-style-type: none"> • There is an updated schedule of training in place to ensure all staff had relevant and up 	

to date training to enable them to perform their respective roles includes manual handling, infection control and prevention, medicine management, fire training, wound management, and safeguarding adults at risk. All training is ongoing.

- PIC will oversee the training matrix on a monthly basis to ensure full compliance
- A Senior staff nurse will take role as Clinical Nurse Manager once staff nurse roll is filled, with the PIC thereby ensuring supervision of all grades of staff and to have an oversight of the standard of care and service records to include resident's care, needs and staff supervision.
- Policies have been moved to nurses' station are (including recent version of Public Health Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities) readily available for all staff to read.

Realistic: Realistic
 Time bound ongoing
 Complied: 31/08/2022

Regulation 21: Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:
 Specific:

- File has now been created for one staff member, garda vetting has completed.
- Residents who require repositioning charts due to pressure sore and frequent changes of position are now implemented
- Residents who have urinary catheters in-situ now have urinary output chart which includes a column for date that bag has been changed.

Realistic: Realistic
 Time bound: Completed
 Complied: 31st August 2022

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 Specific:

- A senior staff nurse will take role as Clinical Nurse Manager (CNM) and carry out role as per Clinical Governance Policy
- PIC & CNM supervise register nurses who have knowledge and skills to provide evidence-based nursing to ensure a positive impact on the welfare and health of

residents.

- Auditing is in the process of been addressed – with audits completed weekly in addition to the monthly and quarterly audits – to reflect the clinical findings to provide clinical oversight as to how we are performing and to analyse information obtained to monitor and to provide consistent and safe care

In particular Key - Quality indications such as falls, restraints, weight loss, pressure ulcers, infections and indwelling catheters, nebulisers

- Quality and Safety of the Service Report for 2021has been amended to include consultation with families and residents
- Fire Safety assessment completed by October 31st, 2022

Realistic: Realistic
Time bound ongoing
Complied: 31st October 2022

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:

Specific:

- All contracts of Care have been checked and amendments made in relation to the occupancy of each bedroom as following;
 - single or multi-occupancy,
 - bedroom numbers,
 - fees for services.

Realistic: Realistic
Time bound: Completed
Complied: 31st August 2022

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Specific:

- Environmental and physical restrictive practices will be added to the NF39 quarterly notification forms – effective immediately
- To include lap belts
- Environmental
- Chemical

Realistic: Realistic
 Time bound: 22nd April 2022
 Complied: Notification form will be forwarded June 30th, 2022

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 Specific:
 • Evidence that complaint was logged, Investigative procedure was followed, Complainant or resident advised regarding outcome of investigation ,Outcome deemed to be acceptable to all parties .
 • Discuss with staff at monthly meetings the complaint made, and record improvements /follow in complaint audit
 • PIC meet with residents to ensure resident /next of kin are satisfied with outcome and record same.
 Realistic: Realistic
 Time bound: ongoing
 Complied: 26/ 05/2022

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 Specific:
 • To ensure all policies are implemented in practice e.g., the use of restraints, meeting the nutrition and hydration needs of residents, recruitment selection and garda vetting of staff, staff training and development and management of complaints are placed in nurse's office -clearly marked for all staff to have ease of access.
 Realistic: Realistic
 Time bound: May 15th, 2022
 Complied: May 15th, 2022

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Specific</p> <ul style="list-style-type: none"> • Ramped floor area is now high-lighted as a safety measure to ensure care on approach • Mobility equipment, hoists are stored in alcove • Wheelchairs /customised chairs are stored in resident's • Sinks to be replaced 31st October 2022 • Shower trays to be replaced 31st October 2022 <p>Realistic: Realistic Time bound: 25th April 2022 Complied: 25th April 2022</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Specific</p> <ul style="list-style-type: none"> • A clinical review was carried out by senior management in relation to wound care documentation and its findings were that wounds were documented on daily progress notes but not accurately documented in nursing assessment or nursing care plans. • A wound assessment and care plan is in place for any resident who has a wound. This includes an assessment, a body map and a review date for dressing care and further assessment. • All relevant allied healthcare has seen or are due to review residents e.g., dietician, physiotherapy, occupational therapy, chiropodist, dentist, optician, Tissue Viability Nurse, psychiatric referrals • Moyglare Nursing Home implements the HSE National Wound Management Guidelines 2018, which all staff adhere to. This policy has been recirculated to staff outlining the key principles of the policy. • Education and training in relation to Wound Care management commenced May 16th, 2022, for staff to ensure that scientific assessment and photographic evidence in the residents' care plan is current and accurate. • An audit of all Care Plans will be completed and where shortfalls are identified this will be addressed with further education and training. • Occupational therapy review May 16th, 2022, has assessed residents report received 20th May 2022 and forwarded to HIQA. Recommendations have been accepted and specialist seating for showering, mobility slings and has been placed on order. • Hoist weighing scale received May 25th, 2022 <p>Realistic: Realistic Time bound: 29th April 2022 Complied: 29th April 2022</p>	

Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Specific:</p> <ul style="list-style-type: none"> • Controlled access on front door remains in place risk assessment completed • Fob-pad doors between unit remains open • Doors to garden from care unit open • Plan to review the restraint policy (use of lap belts and table attachments for wheelchairs) and to develop appropriate documents that provide evidence's for safe use of restraints, consent obtained • Personalised Care plan to manage behaviours that challenge with evidence's that alternatives had been trialled prior to the use of restraint. • Audit monthly use of restraints to include lap belts and add to risk register. • Residents (11) who have requested to stay in their own rooms, this has been documents in their care plans under the heading of 'Ability to meet Social and Recreational Needs'. • All staff have attended training on Safe-guarding the elderly' <p>Realistic: Realistic</p> <p>Time bound: 29th April 2022</p> <p>Complied: 29th April 2022</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Specific:</p> <ul style="list-style-type: none"> • There is an activities co-ordinator available Monday to Friday five days a week. • There is an activity co-ordinator available Saturday and Sunday • A staff member is to attend a Sonas course specific to dementia and will cover activities in one unit. July 31st, 2022 • A beautician, arts & crafts, and choir master attend from outside and all have garda vetting. • Oratory to be changed to staff room following application to Chief Inspector by July 4th, 2022, same • Small sitting room will be available as a reflection room to ensure residents can exercise their religious rights. • All call bells for residents in their room are now working and within easy reach • Staff informed to check bells and ensure they are working and within easy reach of resident • Call bells audited monthly • A key – lock door is open for residents to access enclosed garden between 	

08.00 -20.00hrs this has been operational since 2021

- Following advice from Fire Assessor key for room 8 &9 are to be placed on Nurses key ring and not placed on wall outside rooms.
- Bedroom 15 is presently unoccupied and will remain until Fire assessor has advised
- Privacy curtains have been replaced ensuring privacy for residents in twin occupied rooms
- Wall lamps in twin-occupancy rooms have been adjusted and are in an accessible location for resident
- Moyglare Nursing home provides person – centred care and as recommended practices have been addressed by management to all staff;
 - No shower scheduling
 - One resident is confined to bed, all residents are dressed and cared for in their customised chairs
 - Incontinence sheets are no longer used
 - Food menus are now displayed in all communal rooms and on dining tables
 - Staff are now supervised and corrected when moving residents and have an attendee a Communication Course
 - All wheelchairs have a foot pedal support except for one and consent has been obtained
- We have one resident under 60 years living in Moyglare Nursing Home with complex health issues and appropriate care, support and advocacy arrangements are on-going for this resident.

Realistic:

Realistic

Time bound on-going

Complied: 31st July 2022

Regulation 27: Infection control

Not Compliant

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

Specific:

- Monitor and audit use of antibiotic, infections, and colonisation monthly
- All staff attended Infection, Prevention & Control course and have read Moyglare Nursing Home Policy
- Admissions no longer self-isolate on admission
- Clinical hand hygiene sinks will be completed by October 31st, 2022.
- Single -use bottles of soap are placed in every room
- Dressing stock expired was actioned on the day of the inspection.
- An audit of dressings will take place 3 monthly
- Alcohol 70% wipes are no longer in use.
- Clinell Universal Cleaning and Disinfecting wipes are now in use.
- All shower chairs and toilet seats are cleaned after each use with Clinell Universal

Cleaning and Disinfecting wipes

- All bedpans are now decontaminated after use
- Disposable curtains expiry dates checked and replaced
- All urinary drainage bags are placed on catheter stand
- All reusable nebulisers are now rinsed with sterile water after use and reusable nebuliser chambers are stored clean and dry
- Environmental hygiene spot checks are completed weekly by the PIC to identify any practices not in line with policy – effective immediately

Realistic: Realistic

Time bound: 31st October 2022

Complied:

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Specific:

- Bedroom 8 &9 have keys held by staff nurse as per fire assessor advice in a breakable glass box outside of the door at enclosed garden
- Waste bin has been removed
- Rooms 30-35 has an escape route on the corridor at entrance to unit on left hand side as well as through day room
- Evidence of evacuation requirements has been tested will be documented date
- Bedroom 15 is unoccupied at present, and we are awaiting fire assessor
- Fire doors wedged open -all fire doors are in open position and fire alarm detection and alarm installed
- All store rooms have a smoke alarm fitted and connected to fire alarm.
- 3 Fire hose reels has been serviced 12th May 2022
- Directional escape signage to direct occupants to the appropriate exits are in place.
- Transport plan was actioned to include ski sheets
- All residents using hoists have ski sheets for evacuation aid in place for day and night evacuation
- Wooden structure for smoking area will be removed 28th May 2022
- A fire risk assessor attended May 16th, 2022, and will have completed works by October 31t 2022
- Updated floor plans will be forwarded July 31st, 2022

Realistic; Realistic

Time bound ongoing

Complied: 31st October 2022

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Specific:</p> <ul style="list-style-type: none"> • An audit of all Care Plans will be completed by PIC & CNM and where shortfalls are identified this will be addressed with further education and training. • Monthly Care Plan Audit to monitor the compliance • Assessment care plan completed, and care plans developed for; Wounds, Mobility, Nutrition these also reflect the latest recommendations from health and social professionals • Peron- centred care plans for residents with MDRO'S have been implemented. <p>Realistic: Realistic</p> <p>Time bound ongoing</p> <p>Complied: 31/08/2022</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>Specific:</p> <ul style="list-style-type: none"> • Moyglare Nursing Home are fully compliant with the: HSE Normalising Access in Long Term Care LFTC.s 31/1/22), Visitors are asked in relation to Sign &Symptoms e.g., cough, temperature, shortness for breath, diarrhoea, vomiting. Temperature is checked, Hand Hygiene performed and Mask Worn. • Unrestricted visiting in place • Residents are taken on outings by next of kin • Residents and families have been informed in person or by phone in relation to any changes made to visiting. • Perspex no longer in use. <p>Realistic: Realistic</p> <p>Time bound: April 22nd, 2022</p> <p>Complied: April 22nd, 2022</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 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	22/04/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	24/04/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/08/2022
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or	Not Compliant	Orange	04/05/2022

	statutory agencies in relation to designated centres for older people are available to staff.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	25/04/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/08/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Not Compliant	Orange	31/10/2022

	specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/10/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	31/10/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/08/2022
Regulation 24(2)(a)	The agreement referred to in	Substantially Compliant	Yellow	31/08/2022

	paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
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 entitled under any other health entitlement.	Substantially Compliant	Yellow	31/08/2022
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	Not Compliant	Orange	31/10/2022

	Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/10/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	31/10/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/06/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an	Substantially Compliant	Yellow	26/05/2022

	appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	15/05/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	31/08/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued	Not Compliant	Orange	29/04/2022

	by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	29/04/2022
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	29/04/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/07/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise	Not Compliant	Orange	31/07/2022

	choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Orange	31/07/2022
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Not Compliant	Orange	31/07/2022