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:	Carnew Nursing Home
Name of provider:	Genesis Healthcare Ltd
Address of centre:	Gorey Road, Carnew, Wicklow
Type of inspection:	Unannounced
Date of inspection:	04 January 2024
Centre ID:	OSV-0008471
Fieldwork ID:	MON-0042437

About the designated centre

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

Carnew Nursing Home is a new 90 bed creatively designed, spilt-level building, built to a high specification. The centre has three units - Oak, Birch and Rowan.The centre had three twin en-suite rooms in Birch unit and the remaining 84 rooms are single en-suite. Each level has its own access to internal courtyards. The centre is located in the countryside, on the outskirts of Carnew village, situated approximately 16 kms from the town of Gorey Co. Wexford and 15 km from the town of Bunclody, Co. Wexford. Carnew Nursing Home delivers care to residents over the age of eighteen with varying and complex needs ranging from lower dependency individuals to maximum dependency requirements. The centre also cater for residents who require general care, including residents with dementia, physical disabilities, chronic physical illness, psychiatric illness, frail elderly, and those requiring palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19

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
Thursday 4 January 2024	09:00hrs to 18:15hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector spoke to a number of residents on the day of inspection. Residents were complimentary about the care they received, the staff and the food. Residents reported to the inspector that they felt safe in the centre. The centre was decorated with Christmas decorations following the festive season.

The inspector arrived to the centre in the morning to carry out an unannounced risk based inspection following the receipt of unsolicited information. On arrival the inspector was informed that the centre had an Influenza outbreak. Following an introductory meeting with the person in charge the inspector was guided on a tour of Oak unit.

The centre was first registered in June 2023 and is registered for 90 beds with 19 residents on the day of inspection. The centre is laid out over two floors with three units; Oak, Birch and Rowan unit. Oak unit was operational at the time of inspection. The inspector observed that due to the influenza outbreak residents were confined to their rooms, with no residents observed in the communal areas throughout the day. Communal areas in Oak unit included a dining room, sitting room, activities room and visitor's room. All bedroom accommodation in Oak unit were single en-suite rooms. Residents had sufficient space for their personal belongings and many of the rooms were decorated with pictures, photographs and belongings from home. Residents had access to the courtyard, through a door which was observed to be unlocked. A small number of residents were observed mobilising out to the designated smoking area in the centre.

The registered provider had no activities co-ordinator employed at the time of inspection. Due to the influenza outbreak no group activities were taking place and the inspector was informed that one to one activities were being facilitated by healthcare assistants. However, due to the number of residents that remained in their bedrooms throughout the day, there was limited stimulation other that the television and radio for these residents for large parts of the day. The inspector was informed that the physiotherapist had devised an exercise programme with staff in the centre and the first session was due to be rolled out in two weeks.

Staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. Residents confirmed that staff were responsive to their needs and provided assistance in a respectful manner. All residents spoken with stated that they felt safe in the centre. Interactions observed between staff and residents were noted to be courteous and respectful. Staff were available throughout the inspection and were knowledgeable of residents' individual needs.

Residents were consulted about the service through residents' meetings. Meeting minutes were reviewed from the meetings in November and December 2023. Residents raised suggestions for activities; for example; card games, however, no time-bound action plan was devised. This was a finding on the inspection in

September 2023. Resident questionnaires completed on the HIQA template were submitted to the Chief Inspector of Social Services in November 2023. Ten responses were submitted. Three were completed by residents, two by relatives or friends and four were completed by staff members on behalf of the residents. Overall, residents were complimentary about the centre with one resident stating how they liked the calmness in the centre. Residents were complimentary about the food and provided suggestions on activities for the centre.

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

Capacity and capability

This was an unannounced risk based inspection carried out following the receipt of unsolicited information. While not all concerns were substantiated, evidence was found to support a number of issues. Overall the inspector identified that the governance and management systems in the centre were not effective and there was poor oversight of staff and staffing issues. This was having an impact on the care and welfare of residents. The registered provider had not identified these issues and was unaware of staff concerns. Non-compliance was identified in regulations 15: Staffing, 16: Training and staff development, 23: Governance and management, 27: Infection control and 6: Healthcare.

The registered provider is Genesis Healthcare Limited. The company had two directors, one of whom represented the company when dealing with the regulator. This person attended the designated centre for the feedback meeting at the end of the inspection. The person in charge had a dual reporting relationship to the director of governance and a director of the registered provider company. The inspector was informed that the director of governance was onsite three days per week. However, this was not reflected in staff rosters reviewed. The centre is registered against the statement of purpose. The statement of purpose states that if there are in excess of eight residents in the centre that there should be a clinical nurse manager employed. No clinical nurse manager was employed at the time of inspection. This was also a finding on the inspection in September 2023. In the interim clinical nurse managers were hired, however the registered provider was unable to retain these staff. As a result there was no management structure in place in the centre since the last inspection except for the person in charge. The person in charge was supported by staff nurses, healthcare assistants, administration, catering, household and maintenance staff.

The centre had a high turnover of staff since it opened in June 2023. Two in five staff who were employed had either resigned or their employment was ceased since the centre opened. Due to staff shortages on occasion, the person in charge had to assume front line duties. This removed the person in charge from providing

oversight to staff and limited the time available to them to complete their management role. Staff informed the inspector about the positive working relationship between nurses and healthcare assistants and how this had improved recently. In addition, they were complimentary about the support they received from the person in charge. Staff stated they were happy in their jobs however, healthcare assistants and nursing staff described an environment where they felt unable to speak up. The high staff turnover, a culture of fear and a lack of a management structure in the centre was impacting on the quality and safety of care to residents.

The inspector was provided with a training matrix. There was an ongoing schedule of training in the centre. Good compliance was identified in fire safety and dementia training, however, one in four staff had not completed safeguarding training. The inspector spoke to staff who had recently started working in the centre and staff informed the inspector they had not completed induction training in infection prevention and control, although this is an essential aspect of their role.

A sample of staff records were reviewed. Garda vetting was up to date and in place prior to the commencement of employment. The professional registration of staff, where applicable, was in place and up to date. Employment histories of staff contained no gaps. However, improvement was required in the recording of the induction completed by staff.

The person in charge prepared a governance report for the senior management team monthly. This detailed for example; admissions, discharges and staffing numbers. No trending was completed from month to month and it is unclear if any actions were taken following the review of the report. Furthermore, one governance meeting had taken place since the centre opened in June 2023 which was the week following the last inspection. Staff meetings had taken place in September and December. Audits on falls and restrictive practices were an agenda item. The inspector was informed by management and staff that a safety pause meeting took place daily at 12pm. This was an informal meeting and no minutes are taken. No audits were available onsite for review on the day of inspection. These were submitted following the inspection. Audits submitted included a monthly audit on resident documentation, hygiene audit from November 2023 and five hand hygiene audits. Audits were identifying a small number of issues and included the actions taken. Management stated and meeting minutes confirmed that the centre was upgrading the online system of auditing. These had ceased since the last inspection and the inspector was informed that they were awaiting the upgrade.

Incidents were recorded on an electronic system. A small number of incidents were recorded since the inspection in September 2023. All incidents requiring reporting to the Chief Inspector were notified within the required timelines.

The complaints log was reviewed. A small number of complaints were recorded and received. These were open and being addressed at the time of the inspection. The complaints policy and procedure were in line with the regulation, however an area for improvement is detailed under the regulation.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

At the time of the registration of the centre in June 2023 the registered provider had given commitments to provide a specified staffing level outlined in the statement of purpose in order to ensure safe care to residents as the numbers increased in the centre. At the time of inspection there were 19 residents. Deficits were identified between the staffing and the statement of purpose.

- The centre had no clinical nurse manager. This was a finding on the inspection in September 2023 and in the interim three clinical nurse managers were hired but the registered provider was unable to retain them.
- The activities co-ordinator post was vacant.
- There was a high turnover in kitchen staff, as the registered provider was unable to retain these staff.

Ten staff nurses were hired since the centre opened and five had resigned. In the intervening period the inspector was informed that there were three regular staff nurses and there was a reliance on agency staff to cover the vacancies. This did not provide continuity of care for the residents. At the time of inspection two staff nurses had commenced and were on induction.

This is a repeated non compliance from the last inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

Due to the lack of a management structure in the centre, staff were not appropriately supervised. This was evidenced by;

- Ineffective management and oversight of an infection control outbreak.
- Failure to identify residents who were deteriorating and escalating their care to medical personnel.

The registered provider had 32 staff at the time of inspection. Gaps in training and staff development were identified:

- Five staff had not completed fire safety training
- Four staff had not completed training in dementia.
- Five staff had not completed hand hygiene training.
- Eight staff had not completed safeguarding training.
- Seven staff had not completed infection prevention and control training.

Judgment: Not compliant

Regulation 21: Records

A sample of staff files were reviewed. A small number of gaps were identified:

- Two staff files did not contain details and documentary evidence of the staff member's qualification. Assurances were provided following inspection that this was addressed.
- Staff informed the inspector they were assessed completing three drug rounds before completing a drug round on their own. However, there was no documentation in staff members' induction records reviewed to confirm this practice had taken place and that the nurse was competent.

Judgment: Substantially compliant

Regulation 23: Governance and management

Staffing resources in the centre were not in accordance with the centre's statement of purpose, as discussed under regulation 15: Staffing. The lack of a management structure in the centre impacted negatively on the quality of life of residents.

The management systems in the centre failed to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- The registered provider had not addressed the high turnover of staff in the centre and had failed to identify how this impacted on the quality and safety of care to residents.
- Oversight systems in the centre were not sufficiently robust to identify those residents requiring review by a medical practitioner, in a timely manner.
- While the centre had a small number of reported incidents since the centre had opened no monitoring of these incidents had taken place. As a result there was no learning, or action plans to improve the quality of care provided.

- One governance and management meeting had taken place in the centre with the three most senior people in the organisation since it opened in June 2023.

Judgment: Not compliant

Regulation 31: Notification of incidents

All incidents requiring notification to the Chief Inspector of Social Services were notified within the required timelines.

Judgment: Compliant

Regulation 34: Complaints procedure

The nominated complaints officer and the review officer had not received suitable training to deal with complaints in line with the regulation.

Judgment: Substantially compliant

Quality and safety

Overall, while the centre was working to sustain a good level of person-centred care provision, deficits in the governance and management in the centre were impacting on key areas such as infection control, healthcare and residents' rights.

The centre was purpose built to modern specifications. Staff informed the inspector that they had access to equipment and stock and that if there was a requirement for additional equipment or stock that this was provided. The centre was generally clean on the day of inspection. Hand hygiene signage was in place over hand hygiene sinks and on corridors. However, there was an influenza outbreak at the time with eight out of the 19 residents either confirmed as having influenza or were symptomatic and five staff. The inspector observed a number of instances where transmission based precautions were not in place during the day of inspection. Furthermore, the centre had experienced a COVID-19 outbreak in November 2023. While it may be impossible to prevent all outbreaks, a review of the three notifications submitted to HIQA since the centre opened indicated that management had not successfully contained two out of the three outbreaks in a timely manner to limit the spread of infection within the centre. An infection control link practitioner was identified however, at the time of inspection the staff member had not

completed the required training. The inspector was informed that six hours protected time per week would be provided to perform this role.

The provider had systems in place for the management of medicines. Staff spoken to were knowledgeable about the systems and processes in the centre. Medications were stored securely including medications requiring strict control measures (MDAs). Staff had access to advice from a pharmacist and while not onsite the inspector was informed that the pharmacist was available to speak to a resident if they requested it. Management informed the inspector that they were awaiting the delivery of a second medication trolley which is required as the numbers increase in the centre.

Improvements were identified in the care plans since the inspection of September 2023. Care plans were observed to be person-centred and were generally comprehensive enough to guide care. Monthly audits of care plans were completed and they identified similar issues to those identified on inspection. A variety of validated assessment tools were used to assess the residents' individual needs. Care plans and validated assessment tools were updated four monthly in line with the regulations, however, gaps were identified. These are discussed under Regulation 5: Individual assessment and care planning.

Residents had access to a general practitioner who attended onsite once weekly. The inspector was informed that general practitioner reviews were conducted over the phone outside of the weekly visit. An out of hours service was used outside of these times. A physiotherapist attended onsite once every fortnight. Speech and language therapy, dietetic and tissue viability advice were provided through a private company and an occupational therapist was accessed through the health service executive. Through a review of care plans, the inspector identified that residents were not always escalated to a medical practitioner in a timely manner. A stable workforce and improved systems of care were required to identify those residents that require intervention in a timely manner.

Due to the outbreak at the time of inspection it was difficult for the inspector to see the normal daily routines of the residents. However, it was evident that staff knew the residents well and that staff and residents had a good rapport with each other. Residents who were confined to their rooms had their call bells within reach and reported that they did not have to wait for long periods for their bell to be answered and issues addressed. Residents had access to WiFi and televisions in their rooms.

Regulation 27: Infection control

While inspectors observed that the centre was generally clean on the day of inspection, improvements were required in order to ensure procedures were consistent with the national standards for infection prevention control in community services. For example:

- Transmission based precautions were not in place for an influenza A outbreak. For example; four residents were symptomatic of influenza and

were isolating but the doors to their rooms were open, no signage was in place to indicate what precautions to take and there were no clinical waste bins inside or outside the bedroom doors.
- The inspector observed multiple instances where staff were inappropriately wearing gloves and aprons on the corridor.
- The area surrounding the fridge was dusty.
- The temporary engagement on two sharps boxes was not in place.
- One open dressing was observed in the press where single use dressings were stored. Furthermore, this press was not tidy.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked twice daily as per the local policy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While the inspector observed that there were improvements in assessment and care planning further areas for action were identified. for example;

- A falls risk re-assessment was not completed on a resident following a fall.
- A baseline continence assessment was incomplete.
- A care plan and malnutrition universal screening tool contained differing information.
- The nutrition and hydration care plan on a resident who was unwell was not updated to guide staff on the current care the resident required.

Judgment: Substantially compliant

Regulation 6: Health care

Significant improvements were required under Regulation 6. For example;

- The inspector observed three incidents where residents who were deteriorating were not identified and therefore did not receive the treatment they required from a medical practitioner in a timely manner.
- No neurological observations were completed on a resident following a fall.
- A wound assessment was completed on a resident with a skin tear but there was no documentation on how this occurred and no incident form was completed.

Judgment: Not compliant

Regulation 9: Residents' rights

The meeting minutes of residents' meetings were reviewed. Meeting minutes did not contain a time bound action plan. This was a finding on the inspection in September 2023.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carnew Nursing Home OSV-0008471

Inspection ID: MON-0042437

Date of inspection: 04/01/2024

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

Outline how you are going to come into compliance with Regulation 15: Staffing:
Genesis Healthcare Ltd, is committed to delivering the highest level of care to our residents. We strive to provide continuity of care by retaining our staff.

Since inspection the following staff have commenced employment:

- CNM 29/1/2024
- ADON 6/2/2024
- Activities Co-Ordinator 6/2/2024
- Staff Nurse 7/2/24

The management are in a continuous recruitment process, in anticipation for our increase in admissions, with interviews for all grades of staff being held weekly.

At the time of submitting this response, 2 staff nurses, 4 Healthcare Assistants, and a part-time receptionist are awaiting garda vetting prior to commencing their roles.

A new Registered Provider Representative for Genesis Healthcare ltd, has been nominated. She has extensive experience in the management and oversight of long-term care facilities.

A new induction welcome pack has been introduced to all staff on commencement of employment. This will include an assigned mentor who will work alongside the new staff member for the first two weeks, this time period can be extended if deemed necessary. The mentor will assist completing their induction handbook and will facilitate an induction review with the new employee after two weeks. This will be documented and signed by both parties in their induction handbook. These new initiatives around induction will enhance the new staff member overall experience and will ensure maximum support to all staff commencing employment at Carnew Nursing Home.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
On the day of inspection, an infection control outbreak was declared. Management was in the process of managing the outbreak when the inspector arrived. Unfortunately, gaps were identified in the management of oversight on the day,
We have identified a staff nurse lead for infection control and she commenced her training on the 25/01/2024,
Management intends to increase the infection Control leads for the centre as occupancy levels continue to increase,
All current staff have completed their infection control training.

Our new ADON has been appointed as an education supervisor. She will ensure that any training delivered will be assessed for its efficacy and impact in the centre. We have introduced a new user-friendly training app for all staff. We carry out a weekly training gap analysis to ensure that we are up-to-date with our training programme.

Training that has been completed since inspection:

• Safeguarding Training 25/1/2024 and 28/02/2024
• Fire Safety Training 15/1/2024.
• Infection Prevention and Control Training 25/1/2024
• Hand Hygiene Training 25/1/2024
• People Moving & Handling Training 29/1/2024.
• Food Safety 29/1/2024
• CPR 25/1/2024
• COSHH 22/1/2024
• Care Planning Training 14/2/24
• Recognising the deteriorating resident 14/2/24
• Dementia Awareness Training
Upcoming Training

• Complaints management 13/03/2024
• Our external training provider is onsite weekly and training modules are scheduled on a weekly basis as identified in our training gap analysis and to ensure no delays in start times for our newly recruited staff members

On the day of inspection many care plans were reviewed. It was highlighted as an area of concern that deteriorating conditions of residents were not identified in a timely manner. Management has acted on this and has provided training for all staff nurses around care planning and recognising deterioration of a resident. A follow up training session is scheduled for March 2024, to review the improvements in care planning and deliver further support and training in this area.

Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff files are fully compliant with regulation, As mentioned above, a new robust induction programme for all new staff has been implemented which will include medication competencies for nurses,	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: There is now a clearly defined robust management structure in place. The ADON and CNM have commenced employment. Weekly Governance and Management Meetings have commenced, where the registered provider representative is in attendance. All heads of the centre's departments attend. This has greatly improved communication within the centre. All incidents, accidents, complaints, health & safety and risk management issues are discussed, reviewed and actioned as required. A new auditing schedule has been implemented which will include timebound actions for all departments. Exit interviews will be offered to all future leavers. An audit of staff turnover will be reviewed on a quarterly basis, reasons for leaving will be monitored.	
Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Complaints training has been scheduled for the PIC and RP.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Staff have been educated and received appropriate training in Infection Prevention Control, including transmission-based precautions, donning and doffing of PPE and hand hygiene.

The area around the fridge has been cleaned.

Staff have been educated on the appropriate use of sharps boxes.

Staff have been educated on single use dressings and correct storage of same. The press has been reorganised.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All nurses will receive Care Planning Training on 14/2/2024 and this is scheduled to be repeated in March 2024.

All resident care plans have been reviewed by their named nurse and care plans are rights-based and person-centred. Resident's wishes and preferences and incorporated into their individual care plans.

Staff have been educated on importance of fall risk re-assessments following a residents fall.

All baseline continence assessments have been completed.

Staff have been educated on the importance of nutrition and hydration care plans for all residents.

Staff have also been re-educated on the importance of care plans being reflective of assessment tools used like Malnutrition Universal Screening Tool and ensuring all information is the same with no inaccuracies.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Staff are scheduled to receive on-site training on Recognising the Deteriorating Resident on 14/2/2024.

All handovers and daily safety pauses include status of residents who are unwell to ensure escalated appropriately and in a timely manner.

All staff have been educated on the importance of recording neurological observations on any resident who has a fall.

Staff have been educated on the importance of reporting all incidents where a skin tear has occurred and ensuring appropriate nursing interventions and documentation is completed.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The new Activities Co-Ordinator will ensure that all resident meeting minutes include a timebound action plan. A residents meeting was completed end of January 2024.

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.	Not Compliant	Orange	07/02/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	16/02/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	16/02/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	16/02/2024

	and are available for inspection by the Chief Inspector.			
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	16/02/2024
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	16/02/2024
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	28/02/2024
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers	Substantially Compliant	Yellow	13/03/2024

	receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.			
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.	Substantially Compliant	Yellow	14/02/2024
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 by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	14/02/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	16/02/2024

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