



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

## Issued by the Chief Inspector

Name of designated centre:	Darraglynn Nursing Home
Name of provider:	Darraglynn Nursing Home Limited
Address of centre:	Carrigaline Road, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	10 August 2022
Centre ID:	OSV-0000220
Fieldwork ID:	MON-0037582

## About the designated centre

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

Darraglynn Nursing Home is a family run designated centre and is located within the suburban setting of Douglas, Cork city. It is registered to accommodate a maximum of 25 residents. It is a single storey building with a basement that accommodates the laundry, storage and staff facilities. The centre is set out in two wings named Lucey and Féileacháin (butterfly). Bedroom accommodation comprises 21 single bedrooms and two twin bedrooms; 20 single bedrooms and one twin room have full en suite facilities of shower, toilet and wash-hand basin; one single and one twin room have wash hand basin facilities in their bedroom. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise the sitting room, dining room conservatory and quiet visitors' library room. Darraglynn Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 10 August 2022	10:00hrs to 17:00hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with four residents in more detail. Residents spoken with gave positive feedback and were complimentary about the staff and the care provided in the centre.

On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check. An opening meeting was held with the person in charge which was followed by a walk-about the centre.

There were 25 residents living in Darraglynn Nursing Home on the day of inspection. This centre was situated on a sloped site with resident accommodation on the ground floor and facilities such as the laundry and storage were in the basement, with secure access to this level to the rear of the building. The main entrance was wheelchair accessible. Registration certification, the main fire safety panel with associated information, complaints procedure, suggestion box, advocacy services and CCTV information, were all available at reception.

There was a lovely cosy seating area to the left main of the entrance with comfortable arm chairs, two-seater couch and coffee table. Residents were observed enjoying sitting here throughout the day, and staff sat with residents providing assistance with snacks and socially engaging with residents. The nurses' station was at reception and the main day room to the left.

Residents' accommodation comprised 21 single and two twin bedrooms; 20 single bedrooms and one twin bedroom had full en suite facilities of shower, toilet and wash-hand basin; the remaining single and twin room had a wash-hand basin in the bedrooms. Additional shower and toilet facilities were available in close proximity to bedrooms and communal spaces.

The centre was bright and homely and well maintained throughout. The main day room was a bright comfortable room and had a large flat-screen TV, book shelves with an array of books and other display shelving had ornaments and photographs displayed. In the morning residents were observed enjoying the TV programmes that were age appropriate.

During the walk-about in the morning residents were observed having their breakfast in their bedrooms; trays were set with cereal, toast or bread, tea and juice. Some residents were in the process of getting up and were assisted in accordance with their needs.

Bedrooms were very personalised and decorated in accordance with residents

wishes. Storage for residents' personal possessions comprised double wardrobes, chest of drawers and bedside lockers, and some residents had two chest of drawers; bedrooms had lovely mirrors, some were part of the wardrobe doors and others had free-standing full length ornate mirrors. Some residents had brought in their own furniture and bedrooms had lovely armchairs to relax. Pressure relieving specialist mattresses, low low beds and other supportive equipment were seen in residents' bedrooms. Information relating to food and fluid consistency was displayed on one resident's wardrobe and this was removed during the inspection to ensure privacy and dignity of the resident.

Mid morning and afternoon snack rounds were observed where staff offered residents a choice of tea or juices with snacks. Mealtimes were observed and residents were served and assisted in a relaxed and social manner. The dining room was a large bright room which opened into a conservatory with views of the enclosed garden. Tables were set for residents with cutlery and condiments prior to residents coming to the dining room for their meal. Residents were offered choice for their meals and gave positive feedback of the quality of the food served and the choice. Meals were well presented including textured meals. Staff were seen to ask resident if they wished to wear protective bibs when eating and their wishes were respected.

There was a lovely quiet room located opposite the dining room for residents and their visitors. It had bookshelves with an array of books for residents to choose. Ornate advisory signage was displayed throughout the centre to orientate residents to rooms such as the dining room and day room.

The garden was enclosed and could be accessed via the dining room; the door to the garden was open to enable residents access the garden independently. Residents said they were out in the garden during the hot weather; dinner was served in the dining room for their main meal as it was too hot to go outside, but residents had their tea outside later in the day when it was not so hot. The inspector was shown videos of residents having fun and enjoying the outdoors over the previous few weeks.

There was a live music session in the afternoon and residents were encouraged to 'do their party piece'. Residents enjoyed the music and were actively encouraged by staff to enjoy the session singing along and clapping to the music. Following the music, one of the resident sang some songs from his repertoire of musicals from his days in the Cork male choir, and he was marvellous. He received huge rounds of applause for entertaining everyone.

Staff were observed to read the news paper and chat with residents; another member of staff gave a resident hand and arm massage while chatting with the resident.

Visiting had opened up in accordance with HPSC guidance of July 2022. Visitors were seen in and out of the centre and staff guided them through the necessary infection control precautions as per their routine.

There was COVID-19 advisory signage displayed and wall-mounted hand sanitisers

available on each corridor. Waste bins were seen to be hands-free pedal operated in line with infection control precautions. The sluice room was key-pad access; there were separate sinks for hand-washing and sluicing purposes. Additional shelving was installed since the last inspection to facilitate storage of disposable and alginate bags. New hooks were installed in some en suite bathrooms to safely store wash basins. New dani centres were installed following the last inspection and stored personal protective equipment (PPE) such as disposable aprons and gloves; these were discretely placed on corridors.

Catering staff had separate changing facilities to care staff in line with best practice. There was key-pad access to the basement to the laundry, storage, staff dining room and facilities. Appropriate work-flows were seen in the laundry with signage on doors highlighting entry and exit. There was a separate hand-wash sink and laundry sink available. The hand-wash sink was partially obstructed by a clothes-hanging rail.

Emergency evacuation floor plans were displayed throughout the centre. These were updated since the last inspection and distinguish between primary and secondary escape routes; the point of orientation was identified, and were colour-coded to identifying each compartment.

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

## Capacity and capability

This was a good service with a clear governance structure that, in general, promoted a rights-based approach to care delivery.

Darraglynn Nursing Home was a residential care setting operated by Darraglynn Nursing Home Limited. It was registered to accommodate 25 residents. The organisational structure comprised the nominated person representing the registered provider, person in charge and assistant person in charge (ADON).

The inspector reviewed the actions from the previous inspection, and found that the following regulations were addressed: notification were timely submitted; complaints were recorded in line with regulatory requirements; aspects of fire safety and infection control; unrestricted access to the enclosed garden; and staff training. On this inspection, further attention was necessary regarding regulations relating to assigning staff to activities on the duty roster to ensure the activities programme was facilitated; aspects of fire safety precautions.

The programme of audit for 2022 was examined and improvement was noted regarding the programme of audit completed since the last inspection. Key performance indicators (KPI) of clinical matters such as falls, pressure sores, bed rail

usage, infection and antibiotic treatment were maintained.

An external consultant completed a health and safety audit in July 2022 and they were in the process of working through the issues detailed in the report. For example, on the day of inspection, the gas boiler and generator were serviced; a deep clean of the extractor fan in the kitchen was completed.

Quality Improvement (QI) meetings were convened on a monthly basis and attendees included the provider nominee, the person in charge, deputy person in charge and senior nurse. Set agenda items for these meetings included data collected such as clinical (audits, COVID-19 precautions, vaccinations) and non clinical matters such as the painting and maintenance of the centre. However, in the minutes seen, key performance indicators (KPIs) were not included to ensure robust clinical oversight.

The risk registers were examined. There was an extensive register detailing risk associated with COVID-19 with remedial actions completed to safeguard the service. One risk register had risk associated with individual residents and the second had non clinical risk. The register with non clinical risk was updated since the last inspection to reflect the current risk within the service. Appropriate signage was displayed indicating storage of oxygen in the clinical room.

Staff training matrix was reviewed and showed that mandatory staff training was up to date. The directory of residents was updated on inspection to ensure compliance with regulatory requirements.

There was adequate care staff to the size and layout of the centre and the assessed needs of residents. While it was reported that all staff had responsibility for the activities programme there was no staff assigned on the roster to ensure that meaningful activation and responsibility was facilitated on a daily basis.

The annual review was available and was based on a review of the national standards, however, information relating to the quality of life of residents such as the surveys completed, the range of activities and outings for example were not included.

The incident and accident log was examined and records showed that correlating notifications were submitted. These had thorough documentation including residents' clinical observations, and reviews of occurrences and actions to mitigate recurrences.

The complaints log was examined and records showed that these were documented in line with regulatory requirements.

In conclusion, staff positively engaged with residents in a kind and relaxed manner and a rights-based approach to care delivery was promoted.



## Regulation 14: Persons in charge

The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required in the regulations. He positively engaged with the regulator during the inspection.

Judgment: Compliant

## Regulation 15: Staffing

While activities were the responsibility of all staff, the duty roster was updated on inspection to assign a member of staff on a daily basis to activities to ensure responsibility for the activation programme.

One of the housekeeping staff resigned recently and recruitment was in progress to recruit a replacement. The duty roster for housekeeping was maintained with health-care assistant supplementing the roster, ensuring there was seven-day cover for household duties.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff training records showed that all staff were up to date with their mandatory training. Further training was seen to be scheduled following the inspection to ensure all staff training remained current. The recently appointed house-hold staff was near completion of the 5 module cleaning and disinfection course. Following each module, the person in charge undertook a competency check to ensure knowledge transfer and understanding.

Educational sessions were facilitated on a weekly basis and areas such as pressure ulcers, dementia and falls prevention were discussed. As part of these meetings, the person in charge followed up on on-line topics covered by staff to ensure appropriate transfer of information and understanding by staff. A training platform was available to staff and topics such as safeguarding, health and safety and fire were available which facilitated ongoing learning for staff.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was updated on inspection to include the time and cause of death for all residents in line with specified regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

Set agenda items for quality meetings included data collected such as clinical (audits, COVID-19 precautions, vaccinations) and non clinical matters such as the painting and maintenance of the centre. However, in the minutes seen, weekly key performance indicators (KPIs) were not included and audit results were not routinely detailed in the meeting minutes. This information would provide assurances that KPIs and audit results were discussed to ensure robust monitoring and oversight of the service.

The annual review was available and was based on a review of the national standards, however, information relating to the quality of life of residents such as the surveys completed, the range of activities and outings for example were not included. While regular consultation meetings were facilitated with residents, this was not reflected in the annual review to demonstrate that the review was undertaken in consultation with them, and when appropriate, their next-of-kin.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Contracts of care were updated on inspection to include the bedroom occupied by the resident and whether it was single or twin occupancy in line with regulatory requirements.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications submitted to the Chief Inspector correlated with the incident and accident log examined. They were timely submitted in line with regulatory

requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was implemented in practice and complaints were maintained in line with regulatory requirements. The person in charge maintained robust oversight of complaints and followed up with complainants to ensure they were happy with the outcome. Comprehensive investigations were seen to be assured that due process was followed. Complaints were discussed as part of the monthly quality management meetings providing good oversight of feedback received.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were in place and were last updated in 2021. Associated risk assessment templates were included in policies where relevant.

The medication management policy was updated at the time of inspection to reflect the recent change to electronic prescribing and the practice of transcribing as exceptional practice rather than routine.

Judgment: Compliant

## Quality and safety

Residents feedback about life in the centre was generally good and residents were happy with the quality of the service. The inspector observed that the care and support given to residents was respectful, relaxed and unhurried; staff were kind and were familiar with residents preferences and choices, and facilitated these in a friendly manner. In general, staff positively and actively engaged with residents.

Practice observed showed that staff had good insight into residents' specific care needs relating to behaviours and measures put in place to support residents. Active monitoring of bed-rail usage continued along with staff educated regarding restrictive practices. Alternatives such as low low beds, crash mattresses were seen in the centre. However, better oversight was required relating to monitoring

residents that remained in bed during the day.

Resident care documentation was examined; some records were electronically maintained and others such as consent and resuscitation discussions were paper-based. Pre-admission assessments were undertaken to ensure that the service could provide appropriate care to the person being admitted. Improvement was seen regarding residents' assessments and care planning documentation.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, dietitian, tissue viability and palliative care for example. Residents notes included transfer information following a resident's transfer into and out of the service.

While most bedrooms had adequate space for residents and their personal belongings, space in twin bedroom 19 was limited. The provider nominee explained that this room was part of their upgrading and refurbishment plan, which was put on hold due to the COVID-19 outbreak and availability of building contractors .

Each resident had a current personal emergency evacuation plan. Appropriate quarterly and annual fire certification was in place. Daily fire safety checks were comprehensively maintained. Staff had up-to-date fire safety training, and while regular fire drills and evacuations were completed a full compartment evacuations of the largest compartment had not occurred.

Medication administration charts were examined and seen to be comprehensively completed. Controlled drug records were examined along with medications requiring refrigeration, and both required attention and were further discussed under Regulation 6, Healthcare.

## Regulation 11: Visits

Visiting was facilitated in line with July 2022 HPSC guidance. Measures were taken to protect residents and staff regarding visitors to the centre with hand sanitising gels and advisory signage available throughout the centre. Updates relating to visiting in the centre were provided as the guidance changed or in line with the local COVID-19 numbers. Residents spoken with were familiar with the current visiting regimes and understood the rationale for mask-wearing. They said that staff kept them fully informed of the pandemic precautions.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had good access to personal storage space in their bedrooms of double wardrobes, chest of drawers and bedside locker at a minimum. Some residents had brought in their own furniture. Laundry was undertaken on site and there were no complaints or feedback about the laundry services provided.

Judgment: Compliant

### Regulation 17: Premises

While twin bedroom 19 met the minimum criteria as detailed in the regulations, there was limited space for residents to mobilise around. The provider nominee explained that planning permission was granted to extend this room but due to COVID-19 outbreak earlier in the year and unavailability of builders they were unable to progress the extension. Following the inspection, the provider nominee advised that building works were due to commence in September.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents gave positive feedback about the quality of their meals and the choice offered to them. Meals were seen to be well presented and residents seated together at tables were served together in line with a social model of service. Residents were offered refreshments throughout the day and staff socially interacted with residents when providing snacks.

The chef attended residents meetings and updated the menu choices in accordance with their requests and this was evidenced on inspection.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide was updated at the time of inspection to include the terms and conditions of occupancy in the designated centre in line with regulatory requirements.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

Copies of information provided when a resident was transferred in or out of the service were available to be assured that relevant information was provided to the receiving care facility to ensure the resident could receive appropriate care in accordance with their current needs.

Judgment: Compliant

## Regulation 27: Infection control

Management of the environment required attention to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- not all clinical hand wash sinks were complaint as some had metal outlets, all taps were not hands-free mechanism; one sink did not have an over-flow outlet,
- the hand-wash sink in the laundry was partially obstructed by a clothes-hanging rail.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

While fire drills and evacuations were completed on a very regular basis, an evacuation of the largest compartment had not taken place, to be assured that it could be completed in a timely and safe manner.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Improvement was seen in resident care documentation. Validated risk assessments were used such as nutritional assessment, falls and skin and pressure assessment. Care plans and assessments were comprehensive in the sample seen and were updated in accordance with regulatory requirements.

Judgment: Compliant

### Regulation 6: Health care

Better oversight of medication management practices were required as evidenced by:

- controlled drug register was examined in the morning and it was seen that the drug check was input by the morning staff for the evening change-over, which was not in keeping with guidelines issued by An Bord Altranais agus Cnáimhseachais. Should there be a discrepancy in the controlled drug count it would be difficult to establish when a drug went missing or who was accountable,
- while the temperature of the medication fridge was recorded on a daily basis, a corresponding check was not completed of the fridge; when the inspector examined the medication fridge, there was a pool of water seen which was encroaching the boxes stored on the bottom of the fridge, so it could not assured that medications were not contaminated,
- some medications in the medication fridge were not dated at the time of opening in line with professional guidelines, so it could not be assured that open medications were being used within their optimum time-frame.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Care plans reviewed showed that staff had good insight into residents with communication needs. Appropriate documentation was in place that showed thorough observation and interventions to support resident. Appropriate referrals were made to advocacy and health professionals to support residents to have a better quality of life.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents meetings were facilitated on a regular basis and were attended by the person in charge, provider nominee, activities staff and chef. Good discussions were recorded along with information sharing regarding the life and times of the centre.

A survey of residents was completed in June and these were being reviewed by the

person in charge to follow up on the feedback given and action suggestions and recommendations.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Darraglynn Nursing Home OSV-0000220

Inspection ID: MON-0037582

Date of inspection: 10/08/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We are now including our KPIs and audit results in our monthly Clinical Governance meeting minutes.</p> <p>Even though we have already followed the best practice of having regular resident's and family meetings, resident's and their families feedback surveys conducted, the annual review format will be revised to incorporate all these including range of activities, for example, outings</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have already obtained planning permission and fire certification to extent the twin room 19 and we have now appointed a builder in consultation with our engineers. The proposed commencement date will be 22nd of September 2022. The PIC will ensure risk assessments are carried out covering the aspects of health and safety and infection control prior to the commencement of building works.</p>	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:  
 All suggested recommendations are being reviewed by our plumber. The PIC will ensure that all works will be completed in a timely manner.  
 All concerned staff are informed, and training provided on 25.08.2022 and 27.08.2022 that not to obstruct the hand wash sink in laundry by placing mobile clothes-hanging rail.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 All fire compartments were evacuated as a part of our regular fire drill and evacuation training. However, one resident's room was not mentioned in fire drill and evacuation record sheet which was conducted by Apex fire safety company in Darraglynn nursing home as a part of a recent evacuation training. Following the inspection, a complete evacuation was completed on 19.08.2022 in our largest compartment. The PIC contacted Apex fire safety company to conduct a repeat fire drill and evacuation in our largest compartment on 13.09.2022 and 14.09.2022.  
 The PIC has successfully completed his Fire Warden Instructor training course on 18.08.2022.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 The practice standards used in our nursing home for medication administration are based on the five principles of the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. All staff nurses were informed about the discrepancies in storage of fridge medications and in the management of control drug register.  
 The PIC has scheduled dates for staff training and staff will be facilitated to attend to ensure that all staff nurses complete a HseLand online medication management training. The PIC has scheduled an in-house training for all nurses by clinical pharmacist on topics related to proper storage of fridge medications and management of control drugs and register.



## 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 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	22/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	02/09/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre	Substantially Compliant	Yellow	02/09/2022

	to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
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.	Substantially Compliant	Yellow	02/09/2022
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 Authority are implemented by staff.	Substantially Compliant	Yellow	27/08/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	14/09/2022

	aware of the procedure to be followed in the case of fire.			
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.	Substantially Compliant	Yellow	02/09/2022