



**Health
Information
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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:	Middletown House Nursing Home
Name of provider:	Joriding Limited
Address of centre:	Ardamine, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	03 January 2024
Centre ID:	OSV-0000251
Fieldwork ID:	MON-0041806

About the designated centre

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

This centre was opened in 1984 and has undergone a series of major extension and improvement works since then. The premises consist of two floors with passenger lifts provided. It is located in a rural setting in north county Wexford close to Courtown. The centre is near to a range of local amenities including Courtown community and leisure centre, with a large swimming pool and a gym offering keep-fit and aerobics for the over-65s. Resident accommodation consists of 31 single bedrooms with en-suite facilities, ten twin bedrooms with en-suite facilities, a sitting room, an oratory, three lounges, a sunroom, a reception lobby and a visitors' tea room. The centre is registered to accommodate 51 residents and provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 65 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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 3 January 2024	09:30hrs to 18:30hrs	Catherine Furey	Lead
Wednesday 3 January 2024	09:30hrs to 18:30hrs	Mary Veale	Support

What residents told us and what inspectors observed

This was a pleasant centre where residents for the most part enjoyed a good quality of life. Care was led by the needs and preferences of the residents who were mostly happy and well cared for in the centre. The overall feedback from residents was of satisfaction with the care and service provided. Residents' whom the inspectors spoke with were positive about their experience of living in Middletown House Nursing Home. The inspectors spoke with a total of ten residents in detail, over the course of the the day and the feedback was very positive. Residents who the inspectors spoke with said that staff were very good to them and treated them well. Residents' said they felt safe and that they trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. However, these residents appeared to be content, appropriately dressed and well-groomed. The inspectors also spent time in communal areas observing resident and staff interaction and found that staff were kind and caring towards residents at all times.

On arrival the inspectors were greeted by the centre's activities co-ordinator and were guided through the centre's infection control procedure before entering the building. The inspectors met the person in charge and the chief operations officer. Following an introductory meeting with the person in charge and the chief operations officer, the inspectors walked through the premises. The centre is registered to provide care for 51 residents and there were 49 residents living in the centre on the day of inspection.

The corridors were free of clutter, however some storage areas in the centre were cluttered. This will be discussed further in the quality and safety section of the report. Corridor and bed room areas were found to be clean. Bedrooms were appropriately decorated with many residents who had decorated their rooms or bedroom spaces with personal items. There were appropriate handrails and grab rails available in the bathrooms areas, and along the corridors, to maintain residents' safety. The building was well lit, warm and adequately ventilated throughout. The inspectors observed appropriate seating in all communal areas. There was an on-going schedule of works in place to maintain the premises. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices.

The inspectors observed that visiting was facilitated. The inspectors spoke with three family members who were visiting. The visitors told the inspectors that there was a booking system in place, but that they could call to the centre anytime if they wished. The visitors spoken with were complimentary of the staff and the care that their family members received. Visitors knew the person in charge and had no hesitation to contact the person in charge if they had any cause of concern.

The centre provided a laundry service for residents. Residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service and there

were no reports of items of clothing missing. A small number of residents said that they preferred to have their clothes laundered by a family member.

Residents were complimentary of the food and the choice being offered. Residents had access to drinks and snacks throughout the day. Fresh jugs of water and cordial was observed in communal areas and residents' bedrooms. There was a choice of main meal and dessert on the day. The inspectors observed that staff were positive, patient and kind to residents during the dinner time dining experience. The menu was easy to read and displayed prominently in the reception area.

Residents' spoken with said they were very happy with the activities programme in the centre. Residents in the sun room and lounge areas were observed participating in an exercise class in the morning and a sensory activity in the afternoon. The inspectors observed staff and residents having good humoured banter during the activities. The inspectors observed the staff chatting with residents about their personal interests and family members. However, improvements were required to the activities programme from Friday to Sunday. The weekly activities documentation provided to the inspectors during the inspection identified that activities were undertaken four days a week. The inspectors did not observe any residents getting any one to one engagement over the course of the inspection.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was a one-day, unannounced inspection, to monitor the registered provider's compliance with the regulations and national standards. Additionally, inspectors assessed the overall governance of the centre and establish if the actions outlined in the centre's compliance plan following the inspection in January 2023 had been implemented. Overall, inspectors found that improvements had been made to strengthen the governance and management of the centre, however, some systems required review to ensure that there was sufficient oversight of the quality and safety of care delivered to residents.

The registered provider of Middletown House Nursing Home is Joriding Limited. There are two company directors and one of these directors represent the provider for regulatory matters in the role of Chief Operations Officer. The company is part of well-established, large organisation that is provider to a number of designated centres nationally. The management structure in place identified distinct lines of authority and responsibility. The person in charge works full time in the centre, is supported by a regional manager and had access to the facilities available within the wider Evergreen Care group. Within the centre, an assistant director of nursing provides clinical support to the person in charge in the day-to-day running of the centre, including supervision of staff, audits of practice and nursing oversight. Two

clinical nurse managers had left the service and not been replaced, instead the assistant director of nursing became a fully supernumerary role. Improvements were seen in the level of nursing and healthcare staff since the previous inspection. There was sufficient staff on duty to meet the clinical needs of the residents, however, activity staffing levels required review to ensure that residents were afforded sufficient choice and variety of activities over seven days.

The person in charge demonstrated good knowledge of each resident's care and support needs. A system of regular monitoring and auditing of the service was in place. Inspectors reviewed audits of falls, wounds, restraints and nutrition. Quality improvement plans were devised from the issues identified. For example, improvements in the trending of incidents was seen since the previous inspection; an incidents were discussed at staff meetings and at the daily handovers in the centre. There was evidence of regular quality, safety and governance meetings, and staff meetings to ensure robust communication within the centre. An annual review of the quality and safety of care in 2023 was completed, in line with the regulations. As discussed under Regulation 23: Governance and management, some further improvements were required to ensure that the service provided to residents was safe and effective.

Staff had access to a range of mandatory online courses including fire safety, managing behaviours that challenge, manual handling, restraint, responsive behaviours and medication management and the vast majority of these had been completed within the designated time frames. Since the previous inspection, staff had completed further training in infection prevention and control, to address some of the poor findings of that inspection. Significant gaps were identified in cardio-pulmonary resuscitation (CPR) training, which could pose a risk to residents requiring this essential service.

Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda Síochána (police) vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff. The registered provider had integrated the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The management team had a good understanding of their responsibility in this regard. Inspectors reviewed the records of complaints raised by residents and relatives. Details of the investigation completed, communication with the complainant and their level of satisfaction with the outcome were included. The complaints procedure was made available at the main reception notice board. Residents spoken with were aware of how and who to make a complaint to.

Regulation 15: Staffing

Through a review of staff rosters, and from observations on the day, inspectors found that there was sufficient levels of nursing and healthcare staff to meet the

clinical and support needs of the residents. However, activity staffing levels required review to ensure that the residents had regular access to activities in line with their assessed needs. The impact of this is discussed under Regulation 9: Residents' rights.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person responsible for in-house training in CPR was unable to provide this training as their certification was out of date. Records showed that CPR training was last completed for staff nurses in 2021. This was important as the centre had an automated external defibrillator (AED), which requires competent persons to be trained in its use, should it be required in the event of a resident needing CPR.

Judgment: Substantially compliant

Regulation 21: Records

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review.

Residents' records evidenced daily nursing notes with regard to the health and condition of the residents and treatment provided.

Judgment: Compliant

Regulation 23: Governance and management

While individual contracts of care were in place which met regulatory requirements, oversight of the individual services to be provided, as outlined in some contracts required review, to ensure that residents were in receipt of these services. For example, a contract outlined additional staffing resources to be provided to a resident, however there was no documented evidence that these additional hours were in place. For example, the specified hours were not part of a roster, and there was no additional staff on duty to provide this care.

The governance systems to oversee fire safety, residents rights, training, infection control and care planning required strengthening to fully comply with the regulations

and to ensure a safe and consistent service for residents. These are discussed under the relevant regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

On the admission to the designated centre, the registered provider had agreed in writing with each resident the terms of residency in the centre including details of the services and bedroom to be provided, and the fees to be charged for such services.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated following the change in the registered provider. Inspectors reviewed the updated document and found that it accurately described the services provided to residents and contained the required information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were no current volunteers in the centre, however the management team was knowledgeable regarding the requirements should there be people involved on a voluntary basis with the designated centre, including the requirement for their vetting and supervision.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors

followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

A clear complaints procedure was in place and this was displayed prominently in the centre. The record of complaints was reviewed by the inspector. These records identified that complaints were recorded and investigated in a timely way and that complainants were advised of the outcome of their complaint. A record of the complainant's satisfaction with how the complaint had been managed was also documented.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures required under Schedule 5 of the regulations were in place and kept up-to-date with relevant national guidance.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents living in the centre enjoyed a good quality of life. The findings of this inspection evidenced that the management and staff had made improvements to the quality of life for the residents living in Middletown House Nursing Home since the previous inspection. Nonetheless, further improvements were required to fully support a person-centred model of care and promote the individual rights of residents in the centre. Other areas for improvement included individual assessment and care planning, premises, infection prevention and control and fire safety.

Improvements were found in healthcare, on this inspection there were no plastic sheeting with a draw sheet observed on residents' beds. Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. On the morning of inspection, the inspectors observed a GP visiting the centre to see their residents. Residents had access to a consultant

geriatrician and a psychiatric team. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, dietician and chiropodist. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

There was a good standard of care planning in the centre. The provider had transferred its paper based nursing documentation and care plans to an electronic format in January 2023. In a sample of electronic nursing notes viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and behaviours that were challenging. However, further improvements were required to the residents care plans which is discussed under Regulation 5: individual assessment and care planning.

A choice of home cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents' in the reception area and dining room. Menus were varied and had been reviewed by a dietitian for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times. Residents' weights were routinely monitored. However; improvements were required to the residents dining experience this is discuss under Regulation 9: Residents' rights.

Improvements in infection prevention and control (IPC) included:

- the registered provider had nominated a link IPC person to liaise with the IPC lead within the wider company. This person maintained an antimicrobial register and completed audits of equipment and practice, with associated action plans.
- training in various aspects of IPC were completed for all staff
- wall mounted hand gel dispensers, which had been refilled from a bulk container, were replaced with appropriate single-use bottles.

The overall premises was cleaned to a high standard, for example, the communal areas and bedrooms were clean and clutter-free. Cleaning staff were provided with

appropriate equipment and were knowledgeable about the correct methods of cleaning and decontamination. However, some rooms such as store rooms and bathrooms required further attention to ensure a high standard of cleaning and decontamination. The organisation of some of these rooms did not promote good infection control practices, as discussed under regulation 27.

Overall, the centre was laid out to meet the needs of the residents and provided comfortable communal and private accommodation. Storage within the centre required review to ensure that residents could avail of all communal areas, and that storage of equipment was relocated to dedicated areas, and not taking up space in residents' communal areas. Inspectors did not fully assess all areas of fire safety during this inspection, however some issues with evacuation routes, which could impact on the safe evacuation of residents from the centre in the event of a fire, were observed by inspectors during the day. These were identified to the management team who undertook to address the concerns, as described under Regulation 28: Fire precautions.

There was a need for the management team to re-examine the organisation of the activities programme in the centre to ensure that it fully met the needs of residents. It was unclear if any residents were occurring on weekends and the activities planner showed a reliance of passive activities on these days, such as watching the TV. One staff member was dedicated to provide activities in the centre, and inspectors found that this was insufficient based on the level of dependency and cognitive abilities of some residents, who required additional activation and therapeutic supports. Further issues which impacted upon residents' rights in the centre are detailed under regulation 9.

Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties were supported to the best of their ability to communicate freely. Each resident who was identified as requiring specialist communication requirements, had these clearly documented in their individual care plan.

Judgment: Compliant

Regulation 17: Premises

Storage within the centre required review. Inspectors found that a room registered as an oratory for resident's use, was being used as a storage facility for resident equipment including hoists. This room was locked and as such, could not be accessed by residents. The registered provider provided assurance during the inspection that the oratory would be unlocked and no longer used as storage space.

There was some inappropriate storage of wheelchairs in a communal bathroom, and many other wheelchairs were stored on the corridors.

One twin room was not configured correctly to allow for the space occupied by a bed, a chair, and personal storage space for each resident of that bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietitian. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the improvements made since the previous inspection, inspectors found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example:

- There was inappropriate storage of equipment in both sluice rooms, for example, mops, buckets and vases
- Some store rooms in the centre did not promote good infection control practices. For example, in a linen room, inspectors observed the inappropriate storage of PPE, incontinence wear, residents' clothing and shoes, and storage on the floor. Management need to ensure that there is oversight of the cleaning and appropriate storage of clean linen separate to other storage in these rooms.
- High dusting required attention as there were some areas that had a build up of cobwebs and dust in corners and windows
- There was severe staining on the flooring in an ensuite, and a radiator and tile grouting in a communal bathroom ,despite documents indicating that these areas were regularly cleaned
- Flooring was deeply scuffed and marked in some residents' bedrooms, which did not allow for effective cleaning and decontamination

- A bathroom was unclean with a large build up of dust and debris on the windowsill and floor, and a bath that had not been cleaned. There was no cleaning checklist in place for this room.
- The regime in place to mitigate the risk of *Legionella* bacteria by flushing of water outlets required review. There was no evidence to show that outlets in bedrooms which had become vacant, or lesser used sinks and baths were subject to a *Legionella* flushing regime.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Not all aspects of this regulation were assessed on the day of inspection.

While fire evacuation maps were displayed prominently in all areas of the centre, inspectors identified that an escape route from a bedroom was not shown on the maps, which could lead to potential confusion during an evacuation.

An identified escape route led through the dining room and out a fire escape door to an assembly point, however inspectors identified that the dining room was locked with a key, outside of mealtimes. A key was located nearby, however escape routes should be kept clear at all times.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- A sample of care plans reviewed were not all formally reviewed on a four monthly basis to ensure care was appropriate to the resident's changing needs
- A sample of care plans viewed did not all have documented evidence to support if the resident or their care representative were involved in the review of their care in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to exercise choice was not always upheld by the registered provider. For example;

- Residents had restricted access to the dining room, oratory and two visitor rooms. On the day of inspection these rooms were observed to be locked at various times of the day. Inspectors were informed that one of the visitors rooms was in use as a staff room but was available to residents if required.
- Some residents whom were living with a cognitive impairment and who required assistance with their meals did not have their meals in the dining room. Inspectors observed the residents having their lunch time meal in the sun room and lounge areas on the day of inspection, meaning they spent long periods of time in these areas.
- A number of call bells were located beyond residents reach, for example, the mobile call bells in room 58 were observed on a dresser on the opposite side of the residents beds. Residents in rooms 33 and 55 could not use the mobile call unit as it was located out of reach.

Residents did not always have opportunities to participate in activities in accordance with their interests and capacities. For example;

- Activities were provided for residents by dedicated activity four days a week Monday to Thursday. While the rota identified a staff member responsible for activities on two further days, there was no documented evidence that activities took place for residents Friday to Sunday in the designated centre.

The activities planner viewed by inspectors showed a heavy reliance on television, movies and radio on those days.

Residents' right to privacy and dignity was not always upheld by the registered provider. For example;

- Inspectors observed a resident being hoisted on to an armchair in the lounge area which was witnessed by other residents and a visitor. The residents' incontinence wear was in view of all persons in the lounge area which is not in line with a person-centred approach to care delivery.
- All staff were wearing surgical masks despite no residents in the centre having a diagnosis of COVID-19 or suspected of having COVID-19 on the day of inspection. Two resident told the inspectors that sometimes they could not understand staff or hear what the staff were saying. In addition, staff stated that they saw the masks as a restriction to effective communication.
- The inspectors observed nursing staff administering medication in the sun room and lounge area at lunch time. This was not a person-centred approach to care and interrupted the residents dining experience.

Judgment: Not 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Middletown House Nursing Home OSV-0000251

Inspection ID: MON-0041806

Date of inspection: 03/01/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • As noted on the day of inspection – we have sufficient levels of nursing and healthcare staff to meet the clinical and support needs of our Residents. • We currently have activity staff and activities planned for 6 days of the week, however we will allocate our staff over the full week (7 days) to ensure that our Residents have access to activities, if they wish them. These allocated hours will be reflected in the roster. <p>The application and adherence to the above will be overseen and monitored by the PIC, the DPIC and the Regional Operations Manager, in the course of her oversight responsibilities.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All of our staff participate in all mandatory training topics along with a range of additional topics that will add to the holistic care approach that we can deliver to our Residents. • At the time of the inspection, some of our staff were out of date with their CPR training, however this training has been scheduled and will be completed for staff by the end of March. 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • We plan our roster staff weekly based on the needs of our Residents and we then allocate our staff daily according to needs. • We have commenced a Residents Rights committee, who will meet monthly to discuss issues and plan for the year. • The ongoing needs of the home in relation to fire safety, training, infection prevention & control, care planning and Residents Rights are part of the monthly oversight meetings that the PIC and Regional Operations Manager hold. <p>The application and adherence to the above will be overseen and monitored by the PIC, the DPIC and the Regional Operations Manager, in the course of her oversight responsibilities.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • We are reviewing all of our available storage at present and will ensure that all storage will be allocated appropriately, and staff will be informed fully of the whereabouts of all items. • The Oratory is free of any assistive equipment. • All Resident communal rooms and areas are open and available for all to use. • We have allocated specific areas for wheelchair bays and all staff are aware of these locations. • All twin bedrooms have been reviewed and we have ensured that the configuration of the room is appropriate to allow for Resident furniture. <p>The application and adherence to the above will be overseen and monitored by the PIC, the DPIC and the Regional Operations Manager in the course of her oversight responsibilities. The Risk Committee will also play a part in the oversight of good practice and identify poor practice for the purposes of improvement.</p>	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Staff have been reinforced regarding the correct storage areas for mops, buckets, vases etc and this is part of the weekly checks to ensure full compliance. • Linen rooms have been reinstated as previous and again Staff have been informed of the correct storage area for all items. • High dusting has been completed for the entire house and is part of our deep cleaning schedule. We will keep this under review. • The ensuite that had the stained flooring has been cleaned and flooring will be replaced as necessary. • All communal bathrooms will be fully deep cleaned, and grouting will be cleaned in part of this process. • The flooring in 3 Residents bedrooms is due for replacement as part of our ongoing maintenance of the home. • The bathroom noted to be unclean on the day of the inspection was cleaned and reinspected by the inspector on the same day. A cleaning checklist was placed in the room at this time and has been maintained since. • The Legionella flushing regime was updated on the day of the inspection and is in place as per policy. This policy ensures that all areas of the house are included. <p>The application and adherence to the above will be overseen and monitored by the PIC, the DPIC and the Regional Operations Manager in the course of her oversight responsibilities. The Risk Committee will also play a part in the oversight of good practice and identify poor practice for the purposes of improvement.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • As stated, – all communal areas in the home are open and available for use by all. • The escape routes are as per our fire evacuation plan. • All routes have been reviewed and all rooms are included. These routes are displayed throughout the home. • Residents and Staff have been informed of any adjustments to our protocols and policy regarding fire evacuation. <p>The application and adherence to the above will be overseen and monitored by the PIC, the DPIC and the Regional Operations Manager in the course of her oversight responsibilities. The Health and safety Committee will also play a part in the oversight of good practice and identify poor practice for the purposes of improvement.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All care plans will be reviewed on a 4 monthly basis and this topic is part of the monthly KPI report between the pic & rom to oversee. • We will ensure that it is noted in the care plan that the Resident or their nominated representative have been consulted in relation to the plan. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • All communal areas are open and available for use by all Residents. • We have reviewed our dining areas and are able to offer our Residents a choice of dining rooms to have their meals. • A full call bell audit has been conducted and it is part of the nurse's daily responsibility to ensure that all Residents have access to their call bells at all times. • We have allocated staff from Monday to Sunday with the sole responsibility of activities within the home. The choice and variety of activities will be discussed as part of the agenda at every Resident meeting to ensure that we are catering for the wishes of all of the Residents. • The activity planner has been reviewed to ensure that all the activities that take place on a daily and weekly basis within the home are reflected. • We have adjusted the timings of our medication rounds to ensure that the Resident's dining experience is uninterrupted. • As per national guidance, we adjust our practice within the home with regards to ppe and the wearing of same. We will continue to risk assess in this regard. • Staff are aware of which Residents need support with their communication, either verbal or aural support, and on an individual basis address these needs. • All staff have been reminded about the privacy and dignity for all of our Residents – that this is paramount to all of our activities. • We have established a Residents Rights Committee who will meet monthly to assist and participate in the planning for the home. <p>The application and adherence to the above will be overseen and monitored by the PIC, the DPIC and the Regional Operations Manager in the course of her oversight responsibilities. The Risk Committee will also play a part in the oversight of good practice and identify poor practice for the purposes of improvement.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	29/02/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2024
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	31/03/2024

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.	Substantially Compliant	Yellow	31/03/2024
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.	Substantially Compliant	Yellow	31/03/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	15/04/2024
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	Substantially Compliant	Yellow	31/03/2024

	it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	30/04/2024
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	31/03/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/03/2024