



**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

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|----------------------------|--------------------------------------|
| Name of designated centre: | Riverside Nursing Home |
| Name of provider: | Riverside Care Centre Limited |
| Address of centre: | Milltown, Abbeydorney, Tralee, Kerry |
| Type of inspection: | Unannounced |
| Date of inspection: | 02 May 2023 |
| Centre ID: | OSV-0000274 |
| Fieldwork ID: | MON-0038234 |

About the designated centre

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

Riverside nursing home is a 27-bedded nursing home located close to the village of Abberdorney, Co. Kerry. All residents are accommodated on the ground floor in 12 twin and three single bedrooms. Communal space comprises a large combined sitting and dining room, a sitting room, conservatory, reception seating area and oratory. There is also secure outdoor courtyard leading to and enclosed garden. The centre provides 24-hour nursing care to both female and male residents with a range of diagnoses, including dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

27

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 |
|----------------------|----------------------|----------------|------|
| Tuesday 2 May 2023 | 11:30hrs to 18:30hrs | Breeda Desmond | Lead |
| Wednesday 3 May 2023 | 08:45hrs to 15:00hrs | Breeda Desmond | Lead |

What residents told us and what inspectors observed

Overall, there was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings. The inspector met many of the residents on inspection. Residents gave positive feedback about the centre and in general, were complimentary about the care provided.

On arrival for this unannounced inspection, the inspector was guided through the infection control assessment and procedures, which included a signing in process and hand hygiene. Precautionary signage was displayed at the main entrance informing visitors of the infection control safety measures in place. Other information displayed in reception included the statement of purpose, residents' guide, complaints procedure and leaflets for people to fill in should they wish to give written feedback. Other signage included information relating to advocacy services, newly implemented community service which residents were invited, and pet therapy facilitated by Paula and her pet dog Murph.

The main fire panel and certification, and registration certificate were displayed in reception. Floor plans with emergency evacuation routes were displayed throughout the centre. These floor plans had a point of reference and primary and secondary evacuation routes detailed.

There were 27 residents residing in Riverside Nursing Home at the time of inspection. An opening meeting was held with the person in charge which was followed by a walk-about the centre with the person in charge. Residents' accommodation was on the ground floor, with staff facilities located on the first floor. Bedroom accommodation comprised 12 twin rooms and three single rooms with wash-hand basins; one single room had en-suite toilet, shower and wash-hand basin facilities. There were shared toilet and shower facilities for residents in the centre. Personal storage space in bedrooms comprised single wardrobes, bedside locker with lockable storage and an additional wall-mounted press. Residents in some twin bedrooms had double wardrobes each to store their personal belongings. Some twin bedrooms, although they met the requirements of the regulations pertaining to size, were small and may not provide sufficient space should a resident require specialised equipment. The inspector saw that some residents bedrooms were personalised with memorabilia from home. Specialist mattress and cushions, low bed facilities and hoists were available. Some residents' bedside call bells were missing. The television in some twin bedrooms could only be viewed by one resident. Some bedrooms had just one chair for residents to sit; chairs in other rooms were not armchairs and were low and uncomfortable. The privacy curtain in one twin bedroom did not afford both residents full privacy.

There was a variety of indoor communal space available for residents in the centre, including two sitting rooms, dining room, conservatory, oratory and large reception area with comfortable couches and armchairs.

The inspector found that the centre was generally clean and the household staff on duty were knowledgeable regarding cleaning products and cleaning regimes. Staff were observed adhering to good hand hygiene practices. Wall-mounted hand hygiene dispensers were available throughout the centre including in residents' bedrooms, with advisory signage explaining hand hygiene technique. Dani centres were easily accessible throughout the centre with personal protective equipment of disposable aprons and gloves.

Upgrades to the premises were seen to be ongoing at the time of inspection. Many aspects of the premises were updated since the last inspection, for example, there were two new sinks in the treatment room, one clinical and one non-clinical sink. The clinical handwash sink was compliant with current guidelines. The new sluice room was completed with the installment of the new bedpan washer, new shelving and secure chemical press. The new housekeeping cleaners' room had a high-low sink for filling, and sluicing waste water.

Additional storage was available for items such as wipes, handwash and hand sanitiser containers which were previously stored in the laundry. Storage presses were removed from the laundry and this resulted in more space in the laundry which enabled appropriate infection control work-flows. Alginate bags were available as part of infection control practices to enable safe use of infected or dirty laundry. A storage room was available for equipment such as wheelchairs and hoists.

The inspector observed some positive interactions between staff and residents during the inspection and it was evident that staff were knowledgeable of residents' needs, and were observed to be respectful, kind and caring in their approach. One staff supervising in the day room had lovely background music playing as she went to each resident and chatted with them to see how they were, and actively engaged with them in a kind and gentle manner. Another staff brought the resident their hearing aids and explained to the resident that she was delayed as she needed to change the battery in one of the aids. However, other staff did not actively engage with residents, for example, when transferring residents from one room to another, or when they came into communal room to see whether residents were OK. Two staff came into the day room and saw a resident slipping from a chair; they readjusted the resident's position without talking or explaining to the resident what they were doing, and then put a table in front of the resident to prevent the resident from getting up from the chair. Two staff spoke to each other in their own language and did not engage with residents. Transfer of residents from wheelchairs to armchairs was observed on several occasions, and five of the six staff did not engage the wheelchair brake when undertaking transfer.

Meal-time was observed and the inspector noted that resident had choice with meals. The inspector saw that serving of the main meal started at 12:10pm with staff delivering trays to residents who wished to dine in their bedrooms. There was two sittings for meals; some residents sitting at tables as part of the activities programme were asked to leave the tables as they were scheduled for the second sitting. While most staff provided assistance to residents in a social manner, one staff was seen to stand over a resident while providing them with fluids; staff

administered medications during residents meals.

On the second day of inspection, residents were seen coming to the dining room for their breakfast following personal care. Residents had a choice for breakfast, with some preferring porridge, a variety of cereals were offered, along with tea, toast and juice. Some residents were served their meals in their bedrooms depending on their preference. Later in the morning, the activities person welcomed residents as they came to the day room. A variety of activities were held throughout the morning and afternoon. Later in the morning and mid afternoon, a member of staff offered residents a choice of juices or tea, and snacks and then called to residents in their bedrooms offering them refreshments.

The kitchen was well stocked and the kitchen staff spoken with was knowledgeable reading food safety. At the start of the inspection there was no area marked out in the kitchen that staff other than kitchen staff had access; this was addressed with new floor markings to remind non-kitchen staff of the area they could only access.

On the first day of inspection, the door to the nurses office remained open. The inspector saw that the medication trolley was not locked and it was not secured to the wall. Other medication presses, the medication fridge and presses with clinical equipment and residents' documentation were un-secured.

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

Overall, while there was a clear governance structure, the management systems in place did not ensure the service was adequately monitored to ensure the service provide was safe, appropriate, consistent and effective.

Riverside Nursing Home was a residential care facility operated by Riverside Care Home Ltd. It was registered to accommodate 27 residents. The governance structure comprised two directors, with one of the directors nominated as the person representing the registered provider. Both directors worked in the centre full-time, and one was directly involved in its operational and day-to-day management. There was a clearly defined management structure in place. From a clinical perspective, care was directed through the person in charge. They were supported by a team of registered nurses, healthcare, domestic, catering, activities and maintenance staff. Deputising arrangements were in place for times when the person in charge was absent from the centre.

The registered provider had applied for registration renewal of Riverside Nursing Home. The appropriate fees were paid and specified documentation submitted as part of the application. The floor plans were updated to reflect the current lay out of

the premise. This was an unannounced inspection to inform the renewal of registration which included follow up on the actions from the previous inspections. The inspector found that actions required from the previous inspection relating to records, medication management, monitoring and oversight of the service, personal storage space for residents, care planning documentation, restrictive practice and residents rights had not been fully addressed. Action had been taken regarding the premises relating to infection control with the upgrades to the nurses clinical room, sluice room, house keeping facilities, storage and the laundry; and some fire safety precautions. On this inspection improvements were required in relation to fire safety evacuation practices, manual handling practices and staff supervision. Evidence of these findings will be discussed throughout the report under the relevant regulations.

Both directors were on site on a daily basis, however, formal meetings to provide oversight of the service were not scheduled. While key performance indicators were maintained on a weekly basis, they did not inform a quality improvement strategy. There was no schedule of audit for 2023, and the audits seen did not enable a comprehensive review of matters being audited such as the medication audit; this focused on the medication administration charts and did not evaluate management of controlled drugs or other medications such as items stored in the medication fridge for example. Several issues were highlighted regarding this and reported under Regulation 21, Records.

On the days of the inspection, while there were adequate numbers of staff rostered, staff supervision was not evidenced. Staff had access to education and training appropriate to their role. Nonetheless, some practices observed did not ensure the welfare of residents such as when transferring residents as previously described.

The statement of purpose was updated to ensure compliance with the regulatory requirements as detailed under Schedule 1. While Schedule 5 policies were available, they required review to ensure they reflected up-to-date reference material and best practice information to enable staff provide care that was in line with current evidence-based knowledge. Staff files were updated on inspection to ensure compliance with Schedule 2 where gaps in employment history of one file were addressed.

The annual review for 2022 was available on inspection. This mostly detailed quality of care with very limited information of the quality of life initiatives in the centre. In addition, the information included was technical and may not be accessible to most readers as it was clinically based.

All incidents occurring in the centre were notified to the Chief Inspector of Social Services in line with regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew registration of Riverside nursing Home.

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| Prescribed documentation was submitted and fees were paid. |
| Judgment: Compliant |
| Regulation 14: Persons in charge |
| There was a person in charge of the centre, who worked full-time. She was a registered nurse with the necessary nursing and managerial qualifications, as per regulatory requirements. |
| Judgment: Compliant |
| Regulation 15: Staffing |
| On the day of the inspection the number and skill-mix of staff in the centre was appropriate to meet the assessed needs of residents, in accordance with the size and layout of the centre. |
| Judgment: Compliant |
| Regulation 16: Training and staff development |
| There was no evidence that staff were supervised as: <ul style="list-style-type: none"> • transfer of residents from wheelchairs to armchairs was observed on several occasions, and five of the six staff did not engage the wheelchair brakes when undertaking transfer to ensure the safety of residents • staff were observed not speaking in English while attending to residents • some staff did not actively engage with residents, for example, when transferring residents from one room to another, or when they came into communal room to see whether residents were OK • two staff came into the day room and saw a resident slipping from a chair; they readjusted the resident's position without talking or explaining to the resident what they were doing, and then put a table in front of the resident to prevent the resident from getting up from the chair. |
| Judgment: Not compliant |

Regulation 19: Directory of residents

The directory of residents was maintained in line with the requirements specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Throughout most of the inspection it was noted that the door to the nurses' office remained open. Residents' documentation was un-secured, which enabled unauthorised access to confidential information.

Regarding other records maintained in the centre: more robust oversight was necessary regarding medication management to ensure that medication was maintained in line with professional guidelines. All the following had potential for medication errors:

- the controlled drug evening check was signed for in the morning, with the drug count detailed so it could not be assured that an actual drug count would be completed to verify the drug number
- while two staff signed that the twice daily check was completed, they did not record the actual number of drugs counted as - one controlled drug was signed for as witnessed at 3pm, however, this drug was not due to be given until 8pm. When this count was checked by the inspector, the drug count was incorrect. Following further review, it was noted that the drug count was incorrect for the previous three weeks,
- staff administered a controlled drug without the associated frequency of administration of medication detailed on the prescription, for example, one controlled drug was administered every three days however this was not detailed in the prescription
- with the exception of one medication maintained in the drug fridge, medication was not dated upon opening to ensure medications were administered within the appropriate time-lines.

Judgment: Not compliant

Regulation 22: Insurance

A current insurance certificate was in place in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

More robust management systems were required to ensure the service was safe, appropriate, consistent and effectively monitored, as follows:

- a schedule of audit for 2023 was absent; there was a very limited number of audits completed for 2023 to enable monitoring of the service and facilities; the audits that were completed did not comprehensively address the matters being audited. Issues identified during inspection for action were not identified on the audits,
- policies and procedures were not updated in line with current legislation, best practice or national policy
- the system in place for staff supervision was not sufficiently robust to ensure care was delivered in a safe and appropriate manner as identified under Regulation 16
- the system in place for medication recording and administration practices required action as outlined under Regulation 21.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care. These included fees to be charged, additional fees that could be charged, room number and whether it was single or twin occupancy. Residents' room numbers were updated on inspection to reflect their current room occupancy as some residents were re-located following deterioration in their condition and were moved closer to the nurses station.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection as follows:

- persons responsible for oversight of complaints for the service
- facilities such as handwash basins and showers in rooms, including bedrooms
- measurements of rooms
- access to the Integrated Care Programme for Older People (ICPOP).

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents and accidents which occurred in the centre was well maintained. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures required action to ensure staff had access to the most up-to-date knowledge to inform their practice as follow:

- some policies and procedures were not references so it could not be determined where the material in the policies was obtained
- other policies referenced obsolete regulations, guidance and National Standards
- some policies were not centre specific
- information relating to transcription of medications was generic and did not articulate to the reader whether transcription occurred in the centre
- the fire safety policy outlined the emergency response for day and evening staff, but this detail was not defined for night duty staff.

Judgment: Not compliant

Quality and safety

Residents had timely access to healthcare services including occupational therapy, physiotherapy, speech and language therapy, dietetics, optometry, dentistry, mental health services, psychiatry of older age and tissue viability nursing. The residents' general practitioners (GPs) attended the centre for regular medical reviews. A comprehensive pre-admission assessment was completed prior to residents taking up residency to ensure the service could cater for their needs. Records showed that residents signed to indicate that the care planning process was undertaken in conjunction with them. While most assessments were based on validated screening tools, other were not and the judgements made were subjective. Some assessments did not inform the care planning process. Some care documentation had individualised information to guide a social model of care, however, others did not

have this detail. Improvements were required in the use of bed-rails to ensure that practices and policy reflected national policy; this was discussed further under Regulation 7.

There were dedicated blood glucose monitors for individual residents. Medication management and controlled drug records were examined and similar issues found on the last inspection were identified on this inspection. These were further discussed under Regulation 21, Records, in accordance with Schedule 3.

Residents were facilitated to access advocacy services. Residents' documentation showed thorough reports and assistance provided to residents by advocacy staff to enable better outcomes for residents.

Floor plans with emergency evacuation routes were displayed throughout the centre. These floor plans had a point of reference and primary and secondary evacuation routes displayed. These were updated at the time of inspection to include additional annotation of arrows to better reflect the escape route as there was just one arrow at the end point of the route and no arrows along the route. While there were smoke alarm and emergency lighting upstairs, doors upstairs were not fitted with fire closures; when this was highlighted to the provider, it was immediately addressed and fixtures installed. Daily, weekly, fortnightly and monthly fire safety checks were comprehensively completed; and fire doors were replaced. While frequent fire drills were taking place in the centre, full compartments evacuations were not completed. Following the inspection, the provider submitted records of fire evacuation drills completed which included evacuations of full compartments cognisant of night duty staffing levels. The provider gave assurances that this would be ongoing until such time as they were assured that all staff were competent in evacuation procedures.

An external infection control audit was completed by an infection control nurse specialist. Most of the issues identified on that inspection were completed or near completion regarding remedial works to the premises.

While residents meetings were facilitated, they did not contribute to the organisation of the service. Other issues pertaining to residents' rights were discussed under Regulation 9, Residents' rights.

Regulation 11: Visits

Visiting to the centre was facilitated in line with current guidelines of May 2023. Visitors were in the centre on both days of inspection and visiting was facilitated in the conservatory to enable residents space and privacy with their visitors. Visitors continued to sign in upon entry to the centre and were asked to complete hand hygiene in line with current guidance.

Judgment: Compliant

Regulation 12: Personal possessions

Most residents had access to a single wardrobe for hanging and storing their clothes. A single wardrobe would not provide adequate hanging and storing space, and was inadequate for people living in a residential care facility. While some residents had an additional press over their wardrobe, this was inaccessible to most residents as it was too high. This was a repeat finding.

Judgment: Not compliant

Regulation 18: Food and nutrition

There were issues with meal times and serving of meals to residents that required action:

- the residents' main meal started at 12:10pm which is too early for peoples main meal
- while most staff provided assistance to residents in a social manner, one staff was seen to stand over a resident while providing them with fluids
- residents' meal time was not protected as staff administered medications during their meal.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide was available to residents and visitors. It had the requirements as detailed in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Templates were available regarding transfer of a resident to another care facility which including infection status, previous antibiotic history and multi-drug resistant (MDRO) status, however, transfer letters for times when residents were transferred

out of the centre to another care facility were not maintained on site, so it could not be determined whether comprehensive information was supplied to the receiving service to enable the resident to be cared for in accordance with their assessed needs.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found that while there was a project plan to address infection control issues, the following remained outstanding:

- the washing machines did not have a sluicing cycle in line with current guidelines regarding laundering
- facilities in place to safeguard against legionella were not sufficiently robust to provide assurances as there were no records maintained of flushing infrequently used taps
- clinical waste was not securely maintained; the large clinical bin was locked, but was not maintained securely as it was stored in a unsecured shed in the enclosed garden that residents could access.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following issues were identified regarding fire safety issues which required action:

- lack of documented procedures for staff on night duty to follow should there be a fire in the centre
- a review of compartments to ensure the evacuation floor plans correlated with compartments available
- the location of the fire hydrant and shut-off valves were not detailed in the fire safety policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Better oversight of assessment and care planning was necessary to enable

individualised care to be delivered as:

- one resident's care plan outlined the requirement to have weekly weights completed as part of oversight of a medical diagnosis, however, the resident's weight had not been recorded since March
- the skin assessment for one resident was not updated to reflect the care the resident was receiving relating to multiple wounds
- a dementia communication difficulty scale was completed however there was no evidence to show how this assessment informed care of the resident
- while residents had care plans for their activities of daily living, they also had duplicate problem-identification plans, and as some of these were not updated in the previous year, it would be difficult for staff to follow the care to be provided to residents
- one resident's care plan regarding spirituality and end-of-life was not completed even though the resident was admitted in 2021.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services, specialist services such as psychiatry and associated community services, and allied health professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Eleven of the 27 residents in the centre had bed rails in place. The process for assessing residents did not reflect recommendations of national policy. There was no risk matrix to enable the assessor in the decision-making process regarding bed rails, consequently, restrictive practice decision-making was subjective and not based on a validation process. This was a repeat finding.

Judgment: Substantially compliant

Regulation 8: Protection

The centre was not a pension agent for any resident in the centre, but did hold petty cash for three residents. There was very little funds in these accounts, and while residents occasionally co-signed the transaction, most transactions had just

one signature. Best practice would suggest that there would be two signatures per transaction to safeguard the resident and staff members.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While records of residents meetings were available, minutes of these meetings did not detail the number of residents who attended, the person that facilitated the meeting, or the person responsible for following up on actions necessary. Minutes of three residents' meetings showed that residents had requested that staff wear name badges, however, name badges were not seen for most staff on inspection. This was especially relevant as many staff were recently recruited and it would be difficult for residents to recognise or address staff. This was a repeat finding.

In addition:

- the television in some twin bedrooms could only be viewed by one resident
- some twin bedrooms had just one chair for residents to sit
- chairs in other rooms were not armchairs and were low and uncomfortable
- the privacy curtain in one twin bedroom did not afford both resident full privacy.

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 | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Not compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Not compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Not compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Not compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Substantially 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 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Riverside Nursing Home OSV-0000274

Inspection ID: MON-0038234

Date of inspection: 03/05/2023

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 16: Training and staff development | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We have increased our supervision and monitoring of staff.</p> <p>We designate staff to ensure the appropriate skill mix of staff is available.</p> <p>Teams of staff are developed and designated due to their experience levels. This has been in practice since the inspection and has worked very well.</p> <p>We have implemented QUIS tools and have actively engaged with our more inexperienced staff to help them to provide positive connected care to our residents. This has been especially beneficial to our non – native English speaking staff who have lacked confidence in their ability.</p> <p>We continue to monitor the interactions between staff and residents and staff and staff daily for any areas of improvement that are required.</p> | |
| Regulation 21: Records | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>We have implemented a weekly audit of the controlled medication to ensure compliance.</p> <p>We have implemented a comprehensive quarterly medication audit for care homes to ensure best practice with regard to medication management. All nursing staff have received one to one training with regard to medication management. All medication is dated as it is opened. The pharmacist is providing training to the nursing staff to ensure best practice</p> | |

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| 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 have developed an audit schedule and are holding monthly management meetings. KPI's are being discussed and any improvements required from these will be implemented. We have implemented QUIS tools and again any improvements required will be implemented and training required will be provided.</p> <p>We have implemented weekly and monthly medication audits to encompass the entire medication practice in the centre.</p> <p>All nursing staff have received 1 to 1 training to ensure compliance is met with regard to medication administration.</p> | |
| Regulation 4: Written policies and procedures | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A full review of all policies and procedures is being undertaken.</p> | |
| Regulation 12: Personal possessions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>We are in the process of reviewing the layout of the bedrooms to identify ways to increase storage space.</p> | |
| Regulation 18: Food and nutrition | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 18: Food and</p> | |

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| <p>nutrition: We have changed the mealtimes and have increased the catering staff hours to ensure sufficient staff available throughout the day. Meal times are now protected with medication being administered either before or after meal times. Again, we have implemented QUIS tools to ensure effective service is provided and any areas highlighted will be improved on.</p> | |
| Regulation 25: Temporary absence or discharge of residents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: Copies of transfer letters are being kept in the resident's file.</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control: A washing machine with a sluice cycle has been installed. Legionella records have been added to the cleaning schedules. The clinical waste storage area has had a new lock fitted.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have reviewed the night time procedure to ensure appropriate direction is available to staff. The locations of the shut off valves and of the nearest hydrant has been added to the policy and to the instruction to the Fire Brigade forms. We have revised our compartments, the largest compartment has 8 residents. We have completed fire drills to reflect minimum staffing levels.</p> | |

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| 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: We are currently undertaking a review of the care pans to ensure compliance.</p> | |
| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: All staff have received appropriate training. All nursing staff have completed a new risk assessment to guide the decision making process. We are undertaking a full review of residents that request/require bed rails.</p> | |
| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection: Two signatures was implemented immediately following the inspection.</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Name badges have been provided to all staff. We are reviewing our process for residents meetings. We are reviewing the position of TV's and while some residents require specialized wheelchairs we are reviewing the provision of chairs in the bedrooms.</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 12(c) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions. | Not Compliant | Orange | 31/12/2023 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Not Compliant | Orange | 11/06/2023 |
| Regulation 18(1)(c)(i) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and | Substantially Compliant | Yellow | 11/06/2023 |

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| | safely prepared, cooked and served. | | | |
| Regulation 18(2) | The person in charge shall provide meals, refreshments and snacks at all reasonable times. | Substantially Compliant | Yellow | 11/06/2023 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Not Compliant | Orange | 31/07/2023 |
| Regulation 21(6) | Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible. | Substantially Compliant | Yellow | 31/07/2023 |
| 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 | 31/07/2023 |
| Regulation 25(1) | When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which | Substantially Compliant | Yellow | 11/06/2023 |

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| | the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place. | | | |
| 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 | 11/06/2023 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Substantially Compliant | Yellow | 11/06/2023 |
| 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 aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 11/06/2023 |

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| 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 | 11/06/2023 |
| Regulation 04(3) | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Not Compliant | Orange | 31/08/2023 |
| Regulation 5(2) | The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre. | Substantially Compliant | Yellow | 31/08/2023 |
| Regulation 5(3) | The person in charge shall prepare a care | Substantially Compliant | Yellow | 31/08/2023 |

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| | plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned. | | | |
| Regulation 7(3) | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Substantially Compliant | Yellow | 31/07/2023 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Substantially Compliant | Yellow | 11/06/2023 |
| Regulation 9(1) | The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident. | Substantially Compliant | Yellow | 30/08/2023 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident | Substantially Compliant | Yellow | 30/08/2023 |

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| | may undertake personal activities in private. | | | |
| Regulation 9(3)(c)(ii) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media. | Substantially Compliant | Yellow | 30/08/2023 |
| Regulation 9(3)(d) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned. | Substantially Compliant | Yellow | 30/08/2023 |