



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

Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Nursing Home
Name of provider:	Rathsheen Investments Limited
Address of centre:	Killowen, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	28 April 2022
Centre ID:	OSV-0000288
Fieldwork ID:	MON-0036688

About the designated centre

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

St Joseph's Nursing home is located adjacent to the scenic town of Kenmare. The centre is family owned and managed. It provides care to 50 residents, male and female, from 40 years of age upwards. There is 24-hour nursing care available for residents. The management staff is supported by a health care team of nurses, care assistants, kitchen, maintenance and cleaning staff among others. A trained chef is employed in the centre and all dietary needs are met. There are 25 single rooms and eight double bedrooms in the centre all with en-suite facilities. Three bedrooms accommodate three residents. Residents are encouraged to bring in personal items from home and to personalise their bedroom spaces with these items. An activity coordinator is employed to support the provision of meaningful activities. An external advocate is available and resident forum meetings are held monthly. A range of medical services can be accessed including a choice of general practitioner, the physiotherapist and the dietitian.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 28 April 2022	09:30hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in St Joseph's nursing Home, that staff were kind and caring and they felt they were committed to their care. The inspector met with all residents living in the centre throughout the inspection day, and spoke in more detail to six residents to gain an insight into their daily life and experience of living there. One resident said she felt she could not get better treatment if she was in the local five star hotel and had great praise for the facilities and the staff.

On arrival to the centre, unannounced, the inspector undertook the infection prevention and control measures necessary on entering the designated centre. The systems in place were comprehensive and included hand hygiene and temperature monitoring. Following an opening meeting with the person in charge and the assistant person in charge the inspector was guided on a tour of the premises.

St Joseph's Nursing Home is a designated centre for older people, registered to accommodate 50 residents. There were 45 residents living in the centre on the day of this inspection. The centre is situated on the outskirts of Kenmare town, in County Kerry. The premises was purpose built and had been open since 1997. Overall, the inspector observed that the premises was bright, clean and well maintained. The centre was laid out over one floor. Bedroom accommodation consists of 25 single bedrooms, eight twin bedrooms, and three triple bedrooms all with en-suite facilities. The inspector saw that some bedrooms were personalised with items such as family photographs and colour coordinated soft furnishings. Residents told the inspector that they were happy with their rooms and they found they were comfortable. They were glad to have toilet and shower facilities in close proximity. The corridors in the centre provided adequate space for walking and there was external, secure access to the gardens from each corridor.

The design and layout of the centre comprised of a large open plan sitting room, which was the main focal point of the centre for activities. There was an adequate amount of comfortable seating and a large flat screen television as well as books and board games readily available. Resident's were observed enjoying music videos and activities here during the day. There was a second sitting room which was used for art and craft activities as it was furnished with large tables. This was seen to be used by one resident to view videos on his own computer. A third sitting room led out to a secure garden. There were also seating areas along the corridors overlooking the gardens for residents to sit and look out.

The dining room consisted of a large interlinked room which was suitable to accommodate all residents. It had been decorated with new blinds. It was located next to the kitchen which residents said was helpful if they needed a second portion or a different choice of meal. It was homely and nicely decorated and observed to be well attended for each meal. The inspector observed residents' dining experience. Residents were complimentary about the food served in the centre, and confirmed

that they were always afforded choice. One resident told the inspector how they looked forward to the home baking and different meal choices. Residents were seen to be assisted with care and patience with food and drinks where this help was required. There was a choice of main course and dessert. The food served was of a high quality and was attractively presented. Residents in all areas had access to snacks and drinks, outside of regular mealtimes. There were adequate staff to support the residents during meal times and residents and staff confirmed this. Menus were displayed clearly in the dining area and staff assisted residents to make an informed choice. The chef was visible to the residents and was seen to converse with them during the meal.

The inspector observed nice person centered interactions between residents and staff during the inspection and it was obvious that staff and residents were familiar with each other. Residents reported that they felt safe in the centre and were well cared for by a team of staff who were respectful of their needs and wishes. Staff with whom the inspector spoke were knowledgeable regarding their role and responsibility in protecting residents from the risk of abuse. Residents spoke of the friendliness and kindness of staff and said they were grateful for the care they received during the outbreak of COVID-19. The majority were glad to be located near to their place of origin. They said this meant that a number of staff were known to them and their visitors had regular access.

Overall, the inspector observed that the centre was clean. There were two staff assigned to cleaning duties on the day of inspection. They confirmed that cleaning and infection control training had been received. Staff were, generally, seen to wear personal protective equipment (PPE) such as surgical masks appropriately, throughout the two days. Some areas for improvement were identified in relation to infection control practices, which are discussed further under regulation 27.

The inspector observed that there was a comprehensive activity programme on display and residents were aware of the programme content. There was a staff member allocated to the role of activity coordinator and it was evident they knew residents' personal preferences very well. The inspector saw a number of lively fun filled activities taking place such as exercises and music. The activity programme was supported by the life story information recorded on each resident's care plan. Some residents were observed going for walks in the morning and afternoon and the inspector was informed that weather permitting a group of residents went out walking in the grounds daily. The inspector was informed about recent days out to the nearby town and local scenic areas for some residents. The person in charge said that further trips were being planned as the weather improves and she was heard to organise one such outing with a resident.

Visitors were seen coming and going during the inspection and were welcomed by staff. The centre's receptionist, or in their absence, a staff member, ensured that visitors were signed in and completed safety checks, in line with infection control guidance. Visitors were complimentary of the care given to their relatives and said that communication was good during the restrictions.

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 on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a good service with effective governance and management systems promoting a person-centred approach to care. There was a clearly defined management structure in place, with identified lines of accountability and authority. The inspector reviewed the actions from the previous inspection and found that a number of required actions had been addressed. Further action was required however regarding staffing levels, medicines, infection control and the maintenance of receipts.

St Joseph's Nursing Home was operated by Rathsheen Investments Limited and was registered to accommodate 50 residents. The governance structure of St Joseph's Nursing home comprised four directors with one of the directors acting as the person representing the registered provider. The management team on site daily, included the aforementioned director, the person in charge who was full time in post, the assistant person in charge, a team of nursing, medical, care, catering, maintenance, housekeeping and administration staff.

The quality and safety of the service was monitored through auditing and weekly collection of key performance indicators (KPIs) such as falls, restraints, infection, weights, pressure ulcers and complaints. Where deficits were identified, action plans were developed, with progress recorded. The regulatory annual review was available for 2021. It was seen to be detailed and comprehensive. Action plans required from this and information from the weekly KPIs fed into the monthly management meetings, where issues such as human resources, incidents, audits, complaints and care issues were discussed, enabling continuous monitoring of the service.

On a daily basis, care was directed by the person in charge, who provided leadership to the team and was well-known to residents. The person in charge communicated with staff regularly during daily hand-over, as well as formal, meetings. The training matrix reviewed showed that training was up to date for mandatory training sessions and other appropriate training for each role. Supervision of staff was augmented by the deputy person in charge who explained that he continuously provided guidance and mentoring for all staff as they carried out their daily duties. A comprehensive induction programme was in place to support new staff. Staff appraisals were completed on an annual basis and completed forms were seen to identify where additional learning was required.

Good oversight of the training needs of staff and ongoing staff training was in evidence. Training was seen to be scheduled in the duty roster and on staff allocation documentation. Staffing level were discussed with the person in charge who provided assurances that staffing levels were under continuous review in line

with the changing needs of resident. Notwithstanding the challenges in procuring staff, night duty staffing levels consisting of one nurse and two care assistants was inadequate for the needs of 50 residents. This was a repeat finding on this inspection.

There was a comprehensive record of all accidents and incidents in the centre. These had been notified to the Chief Inspector as required by the regulations. Complaints were recorded in line with regulatory requirements. Records showed that complaints were followed up and investigated.

A sample of contracts of care were viewed by the inspector. These contained details of fees to be charged and of the care which the resident could expect. Not all services were supported by receipts however and there were inconsistencies noted in how some receipts were filed and maintained. This was addressed under Regulation 8.

Overall, this was a good service, with effective systems in place to ensure that residents received safe and appropriate care, where a rights-based approach to care delivery was promoted.

Registration Regulation 4: Application for registration or renewal of registration

All the required documents were submitted in a timely manner,

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The required fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was familiar with the responsibilities of the role. She had the required qualifications and was knowledgeable of the regulations and standards for the sector.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection there was one nurse on duty at night time with two health care assistants for 50 residents. This was similar to findings on the previous inspection and the situation had yet to be addressed.

Due to the number and needs of residents and the design and layout of the centre this was not an acceptable staffing level or skill mix.

The provider took immediate steps to put a second nurse on duty until midnight each night and undertook to have the second nurse on duty on a full time basis from the end of June 2022.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training records indicated that staff had attended appropriate and mandatory training such as fire safety training, manual handling, prevention of abuse, infection control and dementia care.

Annual appraisals were undertaken and there was a comprehensive induction programme in place. Copies of these were seen in a sample of staff files reviewed.

Staff supervision required improvement in relation to infection control practices as outlined under regulation 27.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was correctly maintained.

Judgment: Compliant

Regulation 21: Records

All the records required to be available for inspection purposes were available and

easily retrievable.

Staff files were well maintained and all staff had the required garda vetting in place prior to commencing employment.

Judgment: Compliant

Regulation 22: Insurance

The centre was appropriately insured. A copy of the insurance certificate was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

This was evidenced by:

Non compliance on staffing found in the last inspection had not been addressed.

- night nursing staff levels were inadequate to ensure a safe, consistent and effectively monitored service
- increased supervision was required in relation to infection control practices as outlined under regulation 27.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The sample of contracts seen indicated that the room number and the occupancy of bedrooms for each resident were included. Fees were clearly outlined.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was seen to have been updated.

It contained information for residents on the care available in the centre, on the complaints process, on the management structure and other pertinent information.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the incident book revealed that the required incidents had been notified to the Chief Inspector.

These included, falls resulting in serious injury and any sudden death.

Judgment: Compliant

Regulation 34: Complaints procedure

The procedure for making a complaint was displayed in the foyer of the centre.

Complaints were documented. The satisfaction or not of the complainant was recorded.

Complaints were trended and an overview of them was included in the annual review of the quality and safety of care.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required to be in place under schedule 5 of the Regulations were available to staff.

These were reviewed every three years and included staff and residents' policies such as:

- a policy on staff recruitment and a policy on the prevention of elder abuse.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in St Joseph's Nursing Home, which was generally respectful of their wishes and choices. There was evidence that residents' needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspector found that some improvements were required in the management of infection control processes, medicines and the maintenance of receipts, in this dimension of the report.

The inspector was assured that residents' health care needs were met to a good standard. There was attentive care from the general practitioner (GP) services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy (SALT), mental health services, occupational therapy (OT), dental and opticians. Records in a sample of care plans seen evidenced that a comprehensive assessment was carried out for each resident prior to admission. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure sores and malnutrition. These assessments informed the care plans, which guided staff to deliver individualised, best evidence-based care. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Issues related to medicine management were further outlined under regulation 29.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risks of dehydration, malnutrition or swallowing difficulties had appropriate access to a dietitian and to SALT and their recommendations were implemented. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended by these specialists.

The centre had a risk management policy in place that set out the specific risks as required by the regulations and the controls in place to mitigate such risks. There were systems in place to manage risk and as part of the risk management strategy the person in charge maintained a risk register, which was monitored in line with the centre's policy. Fire safety management included certification for service of the alarm system and emergency lighting, maintenance of the fire extinguishers, organising fire drills and ensuring all staff attended annual fire safety training. New maps had been designed and staff were informed of the horizontal evacuation method (moving residents from one compartment to another behind fire safe doors at each stage).

Overall, the premises was clean and well maintained. The centre had experienced a COVID-19 outbreak which affected both residents and staff. This was resolved at the time of inspection. Staff were, in general, observed to be following appropriate

infection prevention and control guidelines in their work practices. Improved hand washing facilities had been installed in the corridors and in the main reception. Overall, the inspector observed that there were good infection prevention and control practices and procedures in place, however, some further areas required attention which are detailed under regulation 27.

Residents were generally consulted about their care needs and about the overall service being delivered. They said they felt safe in the centre and staff were trained in how to respond to allegations of abuse. Advocacy arrangements had been accessed for a number of residents. Resident' meetings were held regularly and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed for example, those who wished to avail of alternative care were assisted by the multi-disciplinary team to make arrangements for this, where appropriate.

Regulation 11: Visits

Visitors followed the required infection control guidelines. Each resident had access to a nominated visitor as set out in the Health Protection Surveillance Centre (HPSC) and Health Service Executive (HSE) guidelines on normalising visits in nursing home.

Visitors were plentiful during the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises was spacious and well laid out.

- Signage was consistently being improved and new signs had been placed on residents en suite doors to aid orientation.
- One three bedded room had been slightly extended to ensure it met regulatory requirements in relation to individual bedroom space.
- Sitting and dining space was sufficient and the communal rooms were nicely furnished with good quality furniture.
- A 'conservatory type' sitting room opened directly on the patio where some residents were seen to sit outside at various times throughout the day.
- One sitting room opened into the oratory through sliding doors. This meant that a large group of residents could attend mass or prayers as they choose.
- Access to the well planted patio areas was enabled on each corridor through double patio-doors which were found to be left unlocked throughout the day.
- The garden and paddocks were accessible to residents to access the poly tunnel and the pet donkeys.

- A laundry and drying room was located on the premises
- A new generator had been installed since the previous inspection.

Judgment: Compliant

Regulation 26: Risk management

Risks were assessed on an individual or organisational level and the risk register was a dynamic document.

- There was a risk assessment completed for each smoker and appropriate controls were seen to be in place in the smoker's room.
- The health and safety statement had been updated and was seen to set out the organisational approach to risk management.

Judgment: Compliant

Regulation 27: Infection control

There were a number of issues which remained to be addressed to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff:

- soap dispensers were not installed in the sluice room and in the janitorial room
- the janitorial room required tidying and cleaning, brushes were not stored off the floor
- one staff was seen to consistently wear a face mask inappropriately below the nose
- one staff was seen to use a personal mobile phone, while wearing gloves for housekeeping duties: this posed a risk of contamination
- one staff was seen to carry bags of soiled clothes without wearing an apron, this posed a risk of contamination of the health care assistant's clothes
- the housekeeping trolley was not clean, the legs were rusty and it required a deep clean
- there was a broken tile by the shower outlet in one shower room this would impede effective cleaning
- a cover was required for the drain grill in the centre of the laundry room floor.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety within the centre was found to be well managed. Certification was evidenced regarding fire safety equipment and servicing of same. Daily and weekly fire safety checks were comprehensively recorded. Improved maps and advisory signage for visitors and staff was displayed in the event of a fire. Training records evidenced that drills were completed using the model of minimum staffing levels.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

In a small sample of medicine records seen two charts did not have the prescriber's signature in place for all prescribed medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had a completed comprehensive assessment and care plan documented within the nursing documentation files. Care plans were found to contain the detail required to guide care, in a person-centred manner. Care plans were reviewed every four months or more frequently, as required.

Judgment: Compliant

Regulation 6: Health care

A review of residents' medical records found that recommendations from residents' doctors and other health care professionals were integrated into residents' care plans. There was a low incidence of pressure ulcer development in the centre and wound care was seen to be carried out in line with professional guidelines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were aware of the needs of residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

- In a number of relevant care plans seen residents had behavioural support plans in place, which identified potential triggers for behaviour escalation and any actions and therapies that best supported the resident.
- Residents had access to consultant psychiatry services also.
- The use of bedrails and other restraint was used in line with the national standards and alternatives were available. This was subject to audit and revised regularly.

Judgment: Compliant

Regulation 8: Protection

Individual receipts were also not consistently maintained on residents' files for hairdressing and chiropody services. This was important to ensure transparency for residents and their families in relation to the protection of residents' finances.

For example,

- some receipts for chiropody were kept in the safe with residents' personal monies and other were filed in the care plans. There were insufficient or no receipts on some files checked, considering the service was availed of every couple of months. There were also different charges for the service which required an explanation on the receipt, as one service included foot cream for some residents which added to the cost and increased the charge payable which was not outlined on the contract of care.

An improved system of filing and management of receipts was required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were promoted in the centre:

- Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were attending regular resident information meetings and were made aware of any changes in the centre. Residents indicated in these documents that their rights were respected and the

advocacy service was accessible to them.

- Staff, residents and relatives assured the inspector that choices were respected in relation to visits, meal times, bedtimes, access to the outdoors, smoking choices, personal newspapers and mobile phones.
- The inspector saw evidence to indicate that there was good communication with relatives and residents from the person in charge and the provider throughout the COVID-19 outbreak.
- Activity coordination staff members organised suitable activities such as gardening, music, outings, bingo and exercises, to ensure residents' social and communication needs were met and supported.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Joseph's Nursing Home OSV-0000288

Inspection ID: MON-0036688

Date of inspection: 28/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have adjusted our rosters to add additional nursing hours from 20.00 to 00.00 hrs. We have secured one new nurse who had commenced at the time of inspection and another nurse has been secured, awaiting her RCSI exams in June. On successful completion of same we will have 2 nurses on nights going forward from end of June.</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: All our staff had completed training in infection control at the time of inspection. However, we acknowledge the benefits of refreshing infection control training and have been doing continuously since inspection at our daily meetings. Also email sent to all staff educating them on proper infection control protocol.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

We have adjusted our rosters to add additional nursing hours from 20.00 to 00.00 hrs. We have secured one new nurse who had commenced at the time of inspection and another nurse has been secured, awaiting her RCSI exams in June. On successful completion of same we will have 2 nurses on nights going forward from end of June.

All staff have been updated on our infection control policy.

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

- Soap dispensers have been installed in both cleaner's and sluice room.
- Janitorial room has been cleaned; brushes taken off floor.
- There is ongoing training, education, and monitoring in relation to infection control policies and the safe and proper use of PPE.
- There is ongoing training, education and monitoring of the mobile phone policy and the use of mobile phones when working.
- The housekeeping trolley has been cleaned and painted.
- The tile in the shower in question has been fixed.
- Covers for the drain grill in laundry area have been replaced.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The prescriber was working for SouthDoc, and prescription chart was missing a signature from the doctor. Nurses have been informed to ensure that doctors understand the importance of proper prescribing protocol as per medication management common practice guidelines.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

A review of the procedure for filing and management of receipts was undertaken and updated, the updated procedure has been circulated to relevant staff.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/06/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	23/05/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2022
Regulation 27	The registered	Substantially	Yellow	23/05/2022

	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.	Compliant		
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	23/05/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	23/05/2022