



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

Issued by the Chief Inspector

Name of designated centre:	Saint Louis Nursing Home
Name of provider:	Yvonne Maher
Address of centre:	1-2 Clonmore, Ballymullen, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	11 January 2023
Centre ID:	OSV-0000289
Fieldwork ID:	MON-0038955

About the designated centre

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

St. Louis Nursing Home is a two-storey premises based in the town of Tralee and close to amenities such as shops, restaurants, and a library. While it is a two-storey building, all resident accommodation is on the ground floor. The centre provides 24-hour nursing and social care to 25 residents, both male and female, who are predominantly over the age of 65 years. The centre offers long and short-term care, respite and convalescence care. Bedroom accommodation comprises 15 single bedrooms and five twin bedrooms. Three of the single bedrooms are en suite with shower, toilet and wash hand basin. The aim of the nursing home, as set out in the statement of purpose, is to provide a high standard of professional care to residents in a safe and homely environment, while preserving and promoting independence.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 11 January 2023	09:30hrs to 17:15hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This inspection took place over one day. The inspector met with all 25 residents living in Saint Louis Nursing Home, and spoke in detail with five residents. The inspector spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there.

The inspector arrived to the centre in the morning, unannounced. Following an opening meeting with the person in charge, the inspector was guided on a tour of the premises. Saint Louis Nursing Home provides care for both male and female adults, with a range of dependencies and needs. The centre is situated in the town of Tralee, in County Kerry, and is registered to accommodate 25 residents. The centre was full on the day of this inspection. It is a two story facility, with residents accommodation all located on the ground floor and staff facilities located on the first floor. Bedroom accommodation comprises of 15 single and 5 twin bedrooms. Three single bedrooms have en-suite facilities, and the remainder of the bedrooms have shared toilets and showers. Some bedrooms within the centre were seen to be very personalised with residents personal belongings from home such as pictures and soft furnishings.

On the walk around the inspector observed that some areas of the premises were poorly maintained and required upgrading, such as flooring, walls, equipment, furniture and the external gardens and entrance to the centre. Staff facilities on the second floor also required attention, as the inspector observed lighting not working and the general upstairs of the centre was cluttered with boxes and old equipment, which posed a risk if staff were required to evacuate in an emergency. Some areas of the centre, particularly the external laundry, were also observed to be unclean. This is further detailed under regulation 17 and 27.

Communal space within the centre consists of a sitting room, a dining room, a visitors room and an internal garden. The inspector saw that the sitting room in the centre had recently been painted and some walls had wallpaper applied. However, additional decor in this room was observed to be very minimal as other walls were not redecorated and the refurbishment job remained incomplete. The layout of the furniture in this room also required review as chairs were observed to be lined up against walls, which gave residents little or no opportunity for interaction with others. The inspector saw that the majority of residents living in the centre spent their day in the sitting room. A musician with a guitar attended the centre for one hour, which the inspector was informed occurred every Wednesday. Residents reported they enjoyed this weekly activity. However, it was evident that the provision of activities and aspects of social stimulation for residents for the remainder of the day, was inadequate, as residents had little to occupy them apart from daily care tasks and the television. The inspector was informed that the staff member allocated to activities was not available for the week as they were covering care shifts, due to an absence of a member of staff. This is further detailed under

regulation 9.

Residents were supported to leave the centre for days out with family and friends. For example, the centre was situated beside the towns library and a resident was observed heading there for a few hours after lunch. Other residents told the inspector that they went home for weekends and attended day care services in the town. Residents confirmed that they were happy with the care provided to them and complimented the kindness and commitment of the staff working in the centre. It was evident throughout the day that the staff knew residents very well and were familiar with the residents' daily routines and preferences for care and support. The inspector observed that there were enough staff working in the centre, to respond to the needs of the residents in a timely manner. There were positive interactions between residents and staff seen on the day of this inspection.

The inspector spent time observing the dining experience for residents. The majority of residents attended the dining room in the centre, for their main meal. Residents spoke positively about the quality of food provided to them and confirmed that they were always given choice. However, the process for serving dessert which was seen to be placed in the corner of the room in bowls before dinner was served, required to be addressed as well as staff providing appropriate assistance to residents. This is further detailed under regulation 9.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a one day unannounced inspection to monitor compliance with the regulations. The findings of this inspection were that the management systems in place in the centre were not fully effective and did not provide assurance there was appropriate oversight of the service, provided to residents. These findings relate to poor management of training, records, infection control, fire precautions, notification of incidents and residents rights. Overall, the governance and management of the service required strengthening.

Saint Louis Nursing Home is owned and operated by Yvonne Maher, a sole trader, who is the registered provider. She works full-time and has a strong presence in the centre. Within the centre, from a clinical perspective care is directed through a suitably qualified person in charge, who works in a management and supervisory capacity. They are supported in their role by an assistant director of nursing and a team of nurses, health care assistants, domestic, activities and administrative staff. The management structure was clearly defined and identified lines of authority and accountability.

On the day of the inspection there were adequate resources, in terms of staffing, to meet residents' individual care needs. However, the allocation of staff to the provision of activities required review, which is further detailed under regulation 9. There was evidence of an induction programme for newly recruited staff, to support them in their roles. Staff with whom the inspector spoke were knowledgeable of residents and their individual clinical requirements. However, there was evidence of significant gaps in mandatory training, for a large proportion of staff working in the centre and there was poor oversight of training by management. This is further detailed under regulation 16. A vetting disclosure, in accordance with the National Vetting Bureau (Children And Vulnerable Persons) Act 2012, was in place for all staff. A directory of residence was maintained as per regulatory requirements and all residents had contracts of care in place.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. The inspector reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date. Clinical data was collected monthly in areas such as restrictive practices, infections, the use of psychotropic medications, pressure-related skin issues and weight loss. However, the monitoring of environmental risk within the centre required to be enhanced, as it was found not to be taking place, which posed a risk to residents living in the centre. This is further detailed under regulation 23.

Record management systems within the centre also required action. A sample of three staff personnel files were reviewed by the inspector and found not to have all the information required, under Schedule 2 of the regulations and residents records were not always stored securely. Records pertaining to a volunteer working in the centre were also found not to be maintained, as required by the regulations, which is detailed under regulation 30.

A summary of the complaints procedure was displayed in the centre and a record of complaints raised by residents and relatives was maintained. Details of communication with the complainant and their level of satisfaction with the measures put in place to resolve the issues were included. However, this inspection found that three complaints submitted should have been investigated under the safeguarding policy and also had not been notified to the Chief Inspector as required by the regulations. This is further detailed under regulation 8 and 31.

Overall, findings of this inspection were found that there was a requirement for increased oversight and monitoring of the service, by the registered provider and the person in charge to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Regulation 15: Staffing

There was an adequate number and skill-mix of care staff available in the centre to meet residents' care needs. This included a registered nurse daily and four healthcare assistants as well as the person in charge. However, staff allocated to the

social care needs of residents was inadequate, which is addressed and actioned under regulation 9.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had introduced an online training programme for staff, which included 12 training components. However, there was minimal oversight of the completion of this training. On the day of this inspection the management team were unaware if some staff training had been completed. Records demonstrated significant gaps in training in safeguarding vulnerable adults, responsive behavior and manual handling, all of which were listed as mandatory training in the centres policy. This was a repeat finding of previous inspections, where the monitoring of training within the centre was found to be inadequate. Additional training was found to be required in safeguarding as the inspector found that there was a poor understanding by management of what constituted abuse.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider had established and maintained an up-to-date directory of residents in the centre. The directory of residents reviewed by the inspector evidenced that it included all the information, as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The following required to be addressed pertaining to records:

- a sample of three staff files were reviewed by the inspector and some did not contain information as per Schedule 2 of the regulations. For example, two had a gaps in their curriculum vitae, one did not have references and one did not have evidence of the staff members personal identity.
- records with regard to the daily care provided to residents, were not always maintained in a manner that was safe and secure. For example; daily records and private information with regards to residents medical care were

maintained inside the front door of the centre on open shelving.

Judgment: Not compliant

Regulation 23: Governance and management

A number of issues were identified with the governance and management of the centre. The governance systems in place did not ensure the effective delivery of a safe, appropriate and consistently monitored service. Issues pertaining to the governance arrangements included:

- there was evidence of a lack of effective systems in place to monitor fire precautions, staff training, notification of incidents, records, infection control and the premises, which are all outlined further under the specific regulations.
- the auditing process within the centre was not being used effectively to drive quality improvement. For example; audits were not always completed and did not always have associated action plans when deficits were identified. The auditing system was also not sufficiently robust as it had not identified some of the findings of this inspection and 100% compliance was found in the majority of areas audited.
- the lack of activity provision and social care provision observed on the day of this inspection was impacting negatively on the quality of life of residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 30: Volunteers

One volunteer attended the centre, however, they did not have their roles and responsibilities outlined and documented, as per regulatory requirements.

Judgment: Substantially compliant

Regulation 31: Notification of incidents
Three incidents as set out in Schedule 4 of the regulations, pertaining to an allegation of abuse, were not notified to the Chief Inspector, within the required time frames.
Judgment: Not compliant
Regulation 34: Complaints procedure
There was a complaints policy in place and residents spoken with knew how to make a complaint. Complaints were recorded appropriately and evidenced if the complaint was investigated or if the complainant was satisfied with the outcome. Three documented complaints were found to be related to safeguarding and should have been investigated under the centres safeguarding policy, this is actioned under regulation 8.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies and procedures outlined in Schedule 5 of the regulations were available for review and had all been updated within the last three years.
Judgment: Compliant
Quality and safety
<p>Overall, the inspector found that although the healthcare needs of residents were met to a high standard, the quality and safety of resident care was compromised by insufficient monitoring and oversight of infection control practices, fire precautions and a poorly maintained premises. The lack of activity provision and social care provision observed on the day of this inspection was also impacting negatively on the quality of life of residents.</p> <p>Resident's health and social care needs were assessed on admission to the centre. A review of resident's care plans found that they were developed and reviewed at</p>

intervals not exceeding four months, in consultation with the resident, and where appropriate, their relative. Care plans contained sufficient detail to guide staff in the provision of person-centred care to residents. Residents' records showed that a high standard of evidence-based nursing care was consistently provided to the residents. This was detailed in the daily progress notes and the individualised plans of care, which were regularly reviewed and updated when residents' condition changed.

Residents' had timely access to their general practitioner (GP). A referral system was in place that ensured residents had access to allied health and social care professionals such as occupational therapy, physiotherapy and dietitian. A review of resident's care records found that the centre incorporated allied health professionals treatment plans into the resident's care plans. These plans were observed to be adhered to. For example, where a dietitian had made specific recommendations, these were observed to be followed. 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.

Records maintained evidenced that there was a preventive maintenance schedule of fire safety equipment and the fire alarm and emergency lighting were serviced in accordance with the recommended frequency. Personal emergency evacuation plans were in place for each resident and updated on a regular basis. However, the registered provider had failed to meet the regulatory requirements in relation to fire. For example some staff were due training in fire safety and although fire drills were taking place every two weeks, drill records available did not adequately identify if residents could be evacuated in a timely manner when staffing levels were at their lowest. This and other areas that required attention are further detailed under regulation 28.

Staff were observed to be kind and respectful in their interactions with residents and always sought the resident's permission before they commenced a care intervention. The inspector observed residents making choices about how they spent their day, including what meals and drinks they would have. Residents were aware of their rights and were supported to exercise choice in their lives. Advocacy services were available to residents if needed. There was, however, a need to ensure that the policy on safeguarding residents from abuse was implemented instances of suspicions or allegations of abuse. This is discussed in more detail under regulation 8.

Regulation 17: Premises

The registered provider was not providing a premises that conformed to the matters set out in schedule 6 of the regulations. For example:

- some walls were seen to require repair and painting.
- a resident in a twin room did not have access to a light source, due to the location of the light fitting within the room and the wall lights not functioning.

- some furniture such as lockers and wardrobes were seen to require repair as doors and drawers were loose.
- a store room had the door handle missing.
- the exterior of the premises, including the front entrance and external gardens were poorly maintained and required to be cleaned.
- residents personal belongings and equipment were observed to be stored on top of wardrobes.
- some flooring was torn and needed to be repaired or replaced.
- the location of televisions in residents rooms required required review as wiring was seen to be unsecured and some televisions were placed on lockers beside beds.
- some toilet sets required to be replaced.
- a bedroom door was observed to be difficult to open and close and required to be realigned.
- flooring in the external laundry building required repair as some floor tiles were missing and broken.

Monitoring and maintenance of the premises had also been an area that required action following the previous inspection of March 2022.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and resident were referred to allied health professionals or there general practitioner if required.

Judgment: Compliant

Regulation 27: Infection control

The inspector 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:

- the inspector observed poor compliance with some staff in the wearing of face masks on the day of this inspection.
- the laundry facility was observed to be unclean and untidy. There was a not a system to maintain segregation of clean and dirty linen.

- some equipment, such as grab rails in bathrooms were observed to be rusted, therefore, effective cleaning could not be assured.
- flooring in an auxiliary room used for storage of records and some clinical products did not have a floor covering that could be cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This inspection found that the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. A number of areas required to be addressed such as;

- assurances were required that all residents could be evacuated in a timely manner to a place of relative safety, particularly from the largest fire compartment, at a time that staffing was at its lowest.
- the monitoring of fire doors within the centre. This had been delegated to nurses working in the centre and a review of logs regarding same indicated that doors were checked daily and were functioning appropriately. However, the inspector found that three doors, between compartments, were not closing fully when released.
- as per the findings of the previous inspection the procedures to be followed in the event of fire, to indicate the closest method of escape were not displayed in the centre, which is a requirement of the regulations.
- training for seven staff was due in fire safety precautions.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate systems in place for the administration and storage of medicines. Controlled drug records and drug administration records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was seen to be carried out on residents to assess their health, personal and social care needs prior to admission. Care plans were person-

centred to each resident and reviews were carried out at intervals not exceeding four months or as necessary.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to appropriate treatment and expertise in line with their assessed needs. This included access to a consultant in gerontology and psychiatry of later life as required. Access to out of hour's medical cover was also available. Residents were supported to access other health and social care professionals as required, such as dietetics, speech and language therapy and occupational therapy. There was a low incidence of pressure ulcer formation within the centre and residents who presented with wounds had the input of a tissue viability nurse.

Judgment: Compliant

Regulation 8: Protection

Three complaints made by a resident should have been investigated using the policy on safeguarding as guidance, rather than under the complaints procedure. Discussions with the person in charge indicated that adequate safeguarding arrangements were put in place following the incident and adequate records were maintained of the investigation and outcome of the complaint. However, the inspector was not assured that management and staff were knowledgeable of what constituted abuse and what to do should there be suspicions or allegations of abuse. Training records evidenced that safeguarding training was out of date for some staff, which also required to be addressed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Findings of this inspection were that residents residents rights required review, as it was found:

- there were inadequate facilities for occupation and recreation for residents in the centre on the day of this inspection. The inspector saw a large number of residents spending their day in the main the sitting rooms, with little to

occupy them apart from daily care tasks and the television.

- some practices during meal-times required to be reviewed such as ensuring staff sat with residents while assisting them with meals, as opposed to standing, which was not person-centred. Menus were also not available, which would aid residents to make an informed choice.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Saint Louis Nursing Home OSV-0000289

Inspection ID: MON-0038955

Date of inspection: 11/01/2023

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 will ensure all mandatory training is up to date and a plan is in place for future training.</p> <p>Training has been scheduled for safeguarding, responsive behavior and manual handling and Fire .</p> <p>The Provider and the PiC with the support of the administrator going forward will ensure that all staff have access to a mix of onsite, offsite, and online training, supported by a clear training matrix for each department and records monitored to ensure all staff have received up to date mandatory training in line with regulatory requirements. The training matrix will be reviewed at management meetings weekly to ensure full compliance with regulation 16.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>We will ensure all storage of records are secure and staff files contain all documentation in relation to schedule 2.</p> <p>We will ensure all records with regard to the daily care provided to residents, are maintained in a manner that is safe and secure. A review to ensure correct storage has been carried out and all files are now to be kept in locked presses at all times. All staff made aware of proper file storage and reminded at the start of each shift.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will ensure the quality and safety of care delivered to residents is monitored. on an ongoing basis with regular quality meetings, raising cars to drive improvement, consultation with residents.</p> <p>The PiC will report to the Provider and be supported by other staff members as per the statement of purpose, the provider will assume responsibility to oversee the Kitchen and housekeeping teams along with Laundry and Maintenance teams to improve services to the residents in the nursing home.</p> <p>Administration will support the PIC with rostering staff and arranging training of staff within the home.</p> <p>All staff have been made aware of their roles and responsibilities to ensure an effective and safe service is provided to our residents at all times.</p> <p>The Provider will ensure that a fit for purpose social programme will be put in place with activities provided every day.</p>	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <p>All volunteers are vetted, and we will ensure their roles and responsibilities are set out in a written agreement and they receive supervision and support</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We will ensure a record of all incidents that occur is maintained and where required notified , we will ensure all relevant details of each incident are recorded with actions taken and all are analysed for learning purposes.</p> <p>We will ensure all incidents as set out in Schedule 4 of the regulations, pertaining to allegation of abuse, are notified to the Chief Inspector, within the required time frames.</p>	

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Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 We have introduced a maintenance planner which will be reviewed at every Quality Meeting and signed off by the Provider ,this will ensure we address issues in relation to the upkeep of the inside and outside of our building to ensure that it is kept in a good state of repair internally and externally.

The maintenance team have had their hours increased .
 Maintenance and upgrades will be reviewed on a weekly basis at the governance meeting findings, actions taken and reported on all bedrooms, bathrooms, communal spaces.

Painting for the front of the building was not completed as planned last year and is scheduled to be completed by the end of February this year, if weather permits other painting is being carried out on a rotational basis throughout the building.

New flooring has been ordered as some rooms had been damaged when investigating a water leak.

The sitting room has been wallpapered and repainted with new seating and window dressing purchased, on the day of inspection it has not been completed as we were awaiting shelving and storage to be delivered and erected, pictures and soft furnishing had been purchased and have been now been put in place , seating rearranged to a more social grouping .

The dining room has had a new table setting put in place and menus displayed.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 We will ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority are implemented by all staff.

All staff have been made aware of the wearing of jewelry as part of good infection control practice and the correct wearing of face masks while on duty, this will be monitored by the provider on a daily basis.

Meetings have been held with housekeeping and laundry staff to address infection control issues highlighted by HIQA, On-site training has been booked for all staff to

ensure our teams maintain all infection control standards.

Equipment sanitizing – wheelchairs, hoists, frames etc. are on a cleaning schedule and documented.
Any equipment that cannot be effectively cleaned will be replaced.

new floor covering in the auxiliary room has been ordered.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We will ensure Staff receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call-points, first aid, firefighting equipment, fire-control techniques. We will ensure that residents are protected from the risk of fire.
Fire drills will be carried out as often as is necessary to ensure that all residents can be evacuated in a timely manner to a place of relative safety, particularly from the largest fire compartment, at a time when staffing was is at its lowest.
Staff have been instructed on the importance of checks for obstructions on a daily basis and/or combustibles on escape routes, and that fire doors are not wedged open and that there are no warnings or faults on the fire detection and alarm system panel.
In addition, on a weekly basis, staff will check door fastenings, hold-open devices on doors, electronic locking devices, lighting units (for damage), firefighting equipment and test a manual call point or detector on the fire detection and alarm system panel etc. All checks will be recorded in the fire safety register.

- New signage will be displayed to indicate the closest methods of escape
- On site training in fire safety precautions has been scheduled for March .
- All old paperwork stored has been lifted and shredded, certificate in place.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
We will ensure each resident is safeguarded from abuse and neglect and their safety and welfare is promoted. Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment is accordance with national policy.

We will ensure complaints are investigated using the policy on safeguarding as guidance,

rather than under the complaints procedure .

We will ensure management and staff are knowledgeable of what constitutes abuse and what to do should there be suspicions or allegations of abuse. Safeguarding and responsive behaviour training has been completed by all relevant staff .

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
We will ensure the rights and diversity of each resident are respected and safeguarded. Our activity coordinator is reviewing each resident to ensure they are offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences . Activities coordinator has had suitable additional training sourced to commence in March .

The daily menu is displayed in a suitable format and in an appropriate location so that the resident knows what choices are available at each mealtime.

All residents will receive support from staff, if required to eat and enjoy their meals, there will be sufficient numbers of staff on duty at mealtimes to assist residents who require help.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	18/04/2023
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.	Not Compliant	Orange	26/05/2023
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	28/02/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to	Not Compliant	Orange	28/02/2023

	be safe and accessible.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/01/2023
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	28/02/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	28/02/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable	Not Compliant	Orange	28/02/2023

	training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	28/02/2023
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	28/02/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of	Not Compliant	Orange	31/01/2023

	the incident within 3 working days of its occurrence.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	28/02/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/01/2023
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.	Substantially Compliant	Yellow	31/01/2023