



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

Issued by the Chief Inspector

Name of designated centre:	Woodlands Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	Bishopswood, Dundrum, Tipperary
Type of inspection:	Unannounced
Date of inspection:	23 March 2022
Centre ID:	OSV-0000304
Fieldwork ID:	MON-0036563

About the designated centre

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

Woodlands Nursing Home is situated in a rural setting on the outskirts of the village of Dundrum and a 10 minutes drive from the town of Cashel, Co Tipperary. The centre is registered to accommodate 43 residents, both male and female. Residents' accommodation comprises single bedrooms with wash-hand basins, single and twin bedrooms with en-suite shower and toilet facilities, a conservatory, two dining rooms, sitting rooms and comfortable seating throughout. Other facilities include assisted toilets, shower wet rooms, an assisted bathroom and a laundry. There were two enclosed courtyards and a secure garden for residents to enjoy. Woodlands caters for people with low to maximum dependency assessed needs requiring long-term residential, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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 23 March 2022	10:00hrs to 18:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector noted that residents were supported to enjoy a good quality of life by staff who were kind and caring. There was a welcoming and homely atmosphere in the centre. The overall feedback from the residents was that they were happy with the care provided by staff. Residents spoken with by the inspector said they were happy with the care they received in the centre and with their quality of life. There was evidence to show that residents were offered choice in many aspects of their care, such as what meals they would like to eat and their individual choices around what items of clothing they wished to wear and when to get up in the morning.

On arrival to the centre, the inspector was met by the person in charge who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature check were completed prior to accessing the centre. The front door was restricted and only accessible by a key code. Residents could come and go as they pleased but would require the assistance of staff to enter or exit. CCTV cameras monitored all exit doors and the corridors within the centre, there was a sign advising visitors and residents of this. Alcohol hand gel was available on entry at the front door and at regular points throughout the centre. Hand hygiene sinks were limited throughout the centre and were not available at the point of care for staff to clean their hands. The centre had recently experienced an outbreak of COVID-19, and while all staff and residents had completed their isolation period, the outbreak was not yet officially declared over. Normal day-to-day routines, however, were returning to the centre. Following an opening meeting with the person in charge, the inspector was guided on a tour of the premises.

Woodlands Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a rural area, close to the village of Dundrum, Co. Tipperary. It is a single storey facility that was originally a school that was renovated and extended to reach its current capacity of forty three residents. Bedroom accommodation comprises fifteen single and fourteen twin bedrooms. Seven of the single rooms and one twin room are en suite with shower, toilet and wash hand basin. The remaining bedrooms have wash hand basins in the room and residents in these rooms share access to communal bathrooms.

On the walk about of the centre the inspector observed a friendly, relaxed and calm atmosphere throughout. CCTV cameras monitored all exit doors and the corridors within the centre, there was a sign advising visitors and residents of this. The inspector spoke with a number of residents during the inspection who said that they were happy in the centre and that the staff were always kind and helpful to them. Residents indicated that they felt safe and that they could raise concerns, if they felt the need to do so.

Residents' bedrooms were clean and bright and most had adequate space for

residents' personal belongings and to have a comfortable chair at the bedside. One of the twin rooms did not meet the requirements of the regulations in terms of 7.4 square metres of floor space per resident. This room was occupied by one resident as the provider had recognized that there was inadequate space for two residents, particularly in light of the COVID-19 pandemic and the requirement for social distancing at the commencement of the pandemic. This bedroom, however, was still configured to accommodate two residents and there were two beds in the room. The provider was advised to formally reduce the capacity of this bedroom to a single room by applying to vary the conditions of registration. There was also a need to reconfigure the bedroom so that space could be maximized for use for the occupant of the room.

Communal space comprised a large sitting room, two small dining rooms, a quiet room and a visitors' area. On the morning of the inspection there was live music underway in the sitting room and a large number of residents were seen to be enjoying the entertainment and singing along with the musician. While some residents were seen to have their meals in the dining rooms, most residents had their meals in the sitting room seated in the same armchairs in which they spent their day. As a result, the dining experience had a functional feel rather than a social occasion.

The inspector spoke with several of the residents and the general feedback was that Woodlands Nursing Home was a pleasant place to live and that they felt safe and well cared for by staff. Residents stated that staff and management were responsive to their needs and they never waited long for their call bell to be answered. Residents were highly complimentary of all staff in the centre. The inspector observed a pleasant, relaxed atmosphere throughout the day and saw many examples of kind person-centered interactions. The quality of food was good and residents had a good choice of home cooked meals and snacks.

Residents stated they had choice within the confines of the centre and that activities provided were fun and enjoyable. Activities staff regularly consulted with residents on what activities and events they would like to celebrate.

Visitors were observed in the centre during the day and one two visitors took the time to speak with the inspector. They stated they were assured that their relative was being well cared for and they did not have to worry about them during periods of restriction as they had built up a trusting relationship with staff and management.

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

Capacity and capability

This was an unannounced risk inspection conducted by an inspector of social

services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found that improvements were required in relation to governance and management, as issues found on the previous inspection had not been satisfactorily addressed. Inspection findings reflected the need for enhanced oversight of the day to day operation of the centre to ensure that issues identified for improvement on this inspection were captured through the centre's own audit process. It was also found that a review was required of staffing levels, personnel records and complaints management.

The centre is owned and operated by Tipperary Healthcare Limited, a company comprising two directors, which also owns and operates one other designated centre. It is a family run centre and both directors of the company are actively engaged in the day to day running of the centre. One of the directors is the person in charge of this centre. The second director is actively involved in the day to day operation of both centres.

The person in charge (PIC) facilitated the inspection throughout the day. She demonstrated a clear understanding of her role and responsibilities and was a visible presence in the centre. The person in charge is supported in her role by an Assistant Director of Nursing (ADON), and a team of nursing staff, administration staff, care staff, housekeeping, catering and maintenance. The ADON took charge of the centre in the absence of the person in charge.

While there was a well established management structure, improvements were required in governance arrangements. Commitments given in the compliance plan response to the inspection carried out in March 2021 had not been implemented by the date of this inspection. These related to the trialling of a nurse to work until 10pm at night to ensure that the nursing care needs of residents were met. Also, a commitment to structural changes in fire safety compartments had not been done and alternative mitigation measures had not been put in place.

There was a stable and dedicated team of staff that ensured that residents benefited from good continuity of care from staff who knew them well. While there were adequate staff on duty during the day, a review was required of staffing levels at night time in view of the number of residents accommodated in the centre. This particularly related to nursing staff and the demands placed on staff to administer medications and also supervise care delivery. There was also a need for advanced planning in relation to the staff roster so that it was known in advance that adequate staff were available to meet the needs of residents throughout the 24 hour period.

The provider completed a suite of audits on a monthly basis to monitor the care and service delivered. The provider used this information to implement quality improvements within the centre. There was evidence of consultation with residents through residents' meetings. The inspector noted that the annual review of the service for 2020 was completed and the annual review for 2021 was at an advanced stage.

The inspector examined staff training records, which confirmed that the majority of staff had up-to-date training in areas to support them in their respective roles, such as fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had also attended training in areas such as infection prevention and control practices, COVID-19 awareness, medication management, wound care and cardiopulmonary resuscitation.

The personnel records of four staff were reviewed and it was found that not all staff had Garda vetting completed prior to commencing employment. These staff did, however, have police clearance certificates from their originating country and these were conducted shortly prior to arrival in this country. An urgent compliance plan was issued to which a satisfactory response was received. The provider commenced the Garda vetting procedure prior to the end of this inspection.

The provider had an up-to-date complaints policy and the complaints procedure was displayed throughout the centre. The inspector reviewed the two complaints received in 2021 and saw that adequate records were not maintained of the investigation conducted in response to the complaint or the satisfaction or otherwise of the complainant. .

Regulation 14: Persons in charge

The person in charge is a registered nurse, works full-time in the centre and had the required qualifications, experience and knowledge to fulfill the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

A review was required of night time staffing in terms of numbers and skill mix. Fore example:

- as found on the previous inspection, there was only one nurse on duty after 20.00 to administer the night time medication and provide nursing care for up to 43 residents. The medication round would take a significant amount of time to complete and during this period the nurse would not be available to oversee care as they should not be disturbed during the medication round. They would also not be available to provide nursing care to other residents, for example, to residents at end of life or to residents that sustained an injury as a result of a fall.
- night time staffing also required review in light of the requirement for a timely evacuation of residents in the event of a fire as one fire compartment could potentially contain 13 residents and assurances were not available that

the three three staff on duty after 22.00hrs could safely evacuate all residents in this compartment. This is further discussed under under regulation 28 of this report.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of training records indicated that a small number of staff were overdue attendance at training in mandatory areas such as fire safety and safeguarding residents from abuse. Additionally, not all staff had up-to-date training in areas such as manual and people handling and responsive behaviour.

Judgment: Substantially compliant

Regulation 21: Records

Significant improvements were required in relation to records management. Of a sample of four staff files reviewed, two did not have a Garda vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The provider confirmed that two other staff also did not have Garda vetting disclosures. Additionally, not all records contained photographic identification.

Judgment: Not compliant

Regulation 23: Governance and management

Improvements were required in relation to governance and management arrangements. Issues identified in the last report were not satisfactorily addressed and commitments given in the compliance plan response were not implemented. For example, the trial of a staff nurse working until 22:00hrs did not take place as stated in the compliance plan response. Additionally, structural changes to the premises to address a large fire compartment, which were committed to in the compliance plan response, were not completed and no alternative measures to mitigate the risks associated with the large fire compartment were put in place.

On the day of this inspection, and on the following day, the roster reflected that there were no healthcare assistants scheduled to work from 18:00hrs to 20:00hrs. While the provider informed the inspector that two staff would oblige and work an additional two hours on each day, this arrangement did not reflect good

workforce planning to ensure that sufficient resources were available to meet the needs of residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

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

Judgment: Compliant

Regulation 31: Notification of incidents

Not all notifications were submitted in accordance with the requirements of the regulations. For example, an allegation of abuse had not been submitted as required.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints log identified that only a small number of complaints had been recorded since the last inspection. One of the complaints had been open for five weeks prior to the date of this inspection and a record was not maintained of the investigation conducted.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. Relevant policies for the management of the COVID-19 pandemic had been developed. These included infection prevention and control, visiting and cleaning protocols.

Judgment: Compliant

Quality and safety

Overall, residents were in receipt of a high standard of care by staff that were responsive to their needs. Residents' health, social care and spiritual needs were well catered for. The inspector found that the registered provider had taken appropriate measures to ensure a safe and high quality care was provided to the residents at all times. However, a number of improvements were required in areas such as fire safety, the premises, and medication management.

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.

The inspector reviewed a selection of care records for residents with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. These were seen to be predominantly person-centred and were updated either four monthly or more frequently when there were any changes to the residents care or condition.

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, dietitian and tissue viability, as requested by residents or as required

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.

A number of areas of improvements were required in relation to fire safety. An urgent compliance plan was issued to the provider on the day following the inspection seeking assurances that all residents could be evacuated in a timely manner in the event of a fire. This was predominantly related to two large fire safety compartments with capacity for thirteen residents in each. Fire drill records available did not adequately identify if residents could be evacuated in a timely manner when staffing levels were at their lowest and when most, if not all, residents were in bed. A satisfactory response to the compliance plan was received from the provider. Improvements were also required in relation to the preventive maintenance of fire safety equipment and in checks that all equipment was functioning appropriately.

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. Improvements were required in relation to the management of medications that require special control measures.

The centre was observed to be generally clean on the day of the inspection. Residents were monitored for any signs and symptoms of COVID-19. Staff were observed to be wearing FFP2 masks in line with national guidance on the day of inspection. Residents and staff in the centre had been through a very challenging time during the COVID-19 pandemic. On the day of the inspection, the centre emerging from a second outbreak of COVID-19. The management team had been in regular contact with public health and the HSE in regard to the management of the outbreak. The person in charge was in the process of conducting a review of the outbreak to identify what learning could be taken, if any, from the management of the outbreak. The person in charge was in the process of identifying suitable locations for clinical hand wash basins as it had been identified that there was a deficit in hand washing facilities.

Residents spoken with by the inspector stated that they felt safe in the centre. All interactions observed between staff and residents were seen to be respectful and courteous. The provider was pension agent for five residents and adequate banking arrangements were in place for the management of these finances. 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.

Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspector. Food was attractively presented and residents requiring assistance were assisted appropriately. The dining experience had not yet returned to pre-pandemic arrangements as the centre was just emerging from an outbreak of COVID-19. The provider was requested to keep mealtimes under review to ensure that mealtimes were once again a social occasion and an opportunity for residents to interact with each other at mealtimes.

Regulation 11: Visits

The inspector observed the registered provider had arrangements in place for residents to receive visitors. There was evidence of effective communication between the designated centre and families regarding visiting arrangements. All visits to the designated centre were well coordinated taking into account infection prevention and control measures.

Judgment: Compliant

Regulation 17: Premises

One of the twin bedrooms did not meet the requirements of the regulations in terms of having 7.4 squared metres of floor space. The provider had recognised that this room was not sufficient in size for two residents and only one resident was accommodated in the room. There would not be adequate space in this room for two residents to have a comfortable chair at their bedside and the beds would be too close together for two residents to have adequate privacy. The provider was requested to submit an application to vary the conditions of registration to formally reduce the capacity of this room to single occupancy.

Some required improvements in relation to the premises included:

- there was paint peeling from a section of the ceiling
- there was a loosing ceiling light fitting
- there was a hole in the attic stairs and it was possible to see through to the attic through the hole

Judgment: Substantially compliant

Regulation 26: Risk management

There was a a comprehensive risk management policy in place that included the information as set out in schedule 5 of the regulations. There was an associated risk register that set out risks and control measures in place to mitigate the risks identified.

Judgment: Compliant

Regulation 27: Infection control

There were an inadequate number of clinical wash hand basins at suitable locations to support effective hand hygiene.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Significant improvements were required in relation to fire safety, including:

- 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
- all fire safety checks, such as the weekly sounding of the fire alarm, were not conducted to ensure that the system was functioning appropriately
- there was no schedule of preventive maintenance in place for emergency lighting in accordance with relevant standards
- the schedule of preventive maintenance for the fire alarm extended beyond the quarterly schedule required by relevant standards

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvements required in relation to medication management included:

- medication prescriptions were transcribed by nursing staff and not all were signed by the transcribing nurse; not all were co-signed by another member of staff to verify they were correct; and not all were signed by a GP
- the logbook verifying the register of controlled drugs was accurate was signed in advance of the count being conducted

Judgment: Substantially 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. Care plans were prepared in consultation with the residents and their next of kin.

Judgment: Compliant

Regulation 6: Health care

Residents were observed to have access to a range of medical supports including access to GP's, psychiatry, and allied health and social care professionals such as

dietitians and speech and language therapy. Care records seen indicated that where medical professionals made clinical recommendations, residents' care plans were amended as necessary

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents presenting with significant challenging behaviour. Staff spoken with were knowledgeable of residents individual needs and knew what to do when residents behaviour may indicate they had an unmet need. A review of restraint was ongoing and significant progress had been made in reducing the use of bedrails in the centre. On the day of the inspection ten of the thirty eight residents living in the centre had full bedrails in place. Risk assessments were conducted prior to the use of bedrails; there regular safety checks while bedrails were in place; and there was evidence of the exploration of alternatives to bedrails, such as movement alarms, low beds and crash mats.

Judgment: Compliant

Regulation 8: Protection

A complaint made by a resident should have been investigated using the policy on safeguarding as guidance, rather than under the complaints procedure. While discussions with the person in charge indicated that adequate safeguarding arrangements were put in place following the incident, inadequate records were maintained of the investigation and outcome of the complaint.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. Staff ensured that residents who preferred to spend time in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities as they wished.

Residents were supported to continue to practice their religious faiths and had

access to newspapers, radios and televisions.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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 Woodlands Nursing Home OSV-0000304

Inspection ID: MON-0036563

Date of inspection: 23/03/2022

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 rearranged the roster to ensure that there are 2 nurses on until 9pm allowing for a second nurse to administer the medications. We also have ensured that there are at least 3 HCA staff on until 10pm. Our fire drills have been redesigned to put an emphasis on nighttime evacuation. These staff are now trained specifically for the event of nighttime evacuation and the designated mix of resident ability in each section allows for a faster evacuation time. We have timed our evacuations and are confident that residents can be evacuated safely.</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: We have completed an audit of training records, both mandatory and additional. The outcomes of this audit show a small number of staff overdue. They have been instructed to complete these trainings immediately. Instructors for practical trainings such as manual handling have been booked.</p>	
Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
 As outlined as the inspection this breach of regulation was due to a misunderstanding on our behalf. We had assumed incorrectly that in the case of staff arriving from another country Police clearance from their country of origin was sufficient as the Garda would have no prior knowledge of these applicants. We understand now that this is not sufficient and Garda vetting is required before employment commences. In the case of the 4 staff from India that had already commenced we applied for Garda vetting immediately and to ensure resident safety these staff will not be allowed access to residents unaccompanied.
 Photographs. All records will be updated with correct documentation.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 We have rearranged the roster to ensure that there are 2 nurses on until 9pm allowing for a second nurse to administer the medications. The 10-10 option was not viable.
 Structural changes to divide a department was not possible during covid and this time allowed us to take a closer look at the problem. We decided that the installation of another set of fire doors in the corridors would impact on resident safety in regard to handrails etc. An alternative option of changing the resident mix in each corridor and extensive evacuation training would be a more suitable option. We understand that this change of direction should have been passed on to HIQA and will do so in the future.
 While the roster did not reflect the fact that we do have HCA's rostered until 10pm this was due to the fact that there was an outbreak in The Cottage Nursing Home and staff shortages. The roster was not updated accordingly even though the staff were present. In future all staff changes will be updated on the roster system.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 We have instructed all of our senior staff that HIQA should be notified all incidences of abuse regardless of severity via the HIQA portal.

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>We have instructed all of our senior staff that all incidences of complaint regardless of severity shall be logged, investigated and resolved</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>An application to vary regarding room 6 changing to a single will be made to HIQA.</p> <p>All repairs to paintwork, lighting etc. have been completed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Following a discussion with Infection Control and feedback from them we have decided to install new clinical handwash basins in some bathrooms and sluice rooms to support effective hand hygiene.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>FIRE SAFETY CHECKS AND SCHEDULES.</p> <ol style="list-style-type: none"> 1. Develop a new user friendly fire safety checks folder. This has to include the following. <ol style="list-style-type: none"> a. Weekly fire checks: Fire doors, Emergency lighting, Alarm Check. Escape routes. b. Quarterly fire checks: Emergency lighting by Electrical contractor, Fire alarm by contractor, Fire door seals by maintenance department. 	

c. Yearly fire checks: Fire extinguisher certificate. Electrical certificate. Fire alarm certificate.

d. Fire training schedule and evacuation drills

We have decided to create a fire awareness hour "Fire Friday" each Friday to become an hour to audit all of the above have been carried out and all checks complete.

EVACUATION:

Fire drills. At present the evacuation drills do not accurately gauge the level of competence amongst staff. A new drill template has been introduced that tests staff competence and speed of evacuation followed by feedback and fire training in relation to use of the alarms, evacuation techniques, systems of communication during a fire situation. We will also allocate fire wardens to cover each shift.

To ensure that evacuation of all zones is as quick and efficient as possible we have introduced the following

a. Evacuation guidelines for each zone outlining how each resident will be evacuated from their room. This chart will be on the wall of each corridor to give staff a quick guide.

b. All resident PEEPS have been reviewed and upgraded. This information has been transferred to the above charts.

c. A review of each zone based on the mix of resident mobility will be undertaken to ensure that evacuation times can be lowered by not having a saturation of non ambulant residents in one zone.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

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

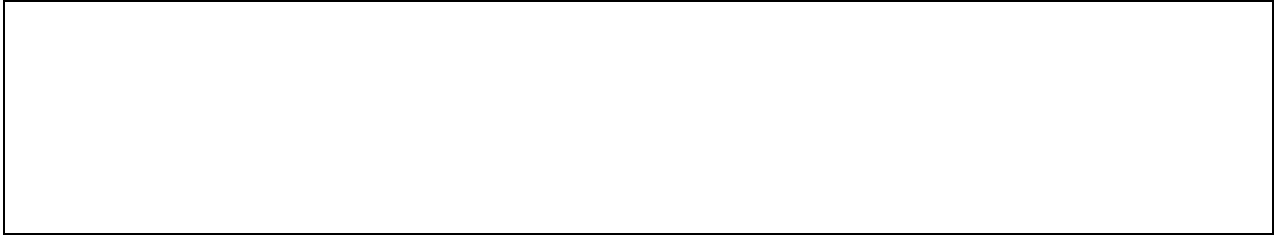
We have conducted a medication audit to identify areas that were non-compliant. Actions from this audit have all been completed and we are confident that all issues have been addressed.

Regulation 8: Protection

Substantially Compliant

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

While we were confident that adequate safeguarding arrangements were in place for our residents, we recognize that record keeping was inadequate. All staff have been informed and instructed of the correct procedure.



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	18/04/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/06/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/09/2022
Regulation 21(2)	Records kept in	Not Compliant	Red	25/03/2022

	accordance with this section and set out in Schedule 2 shall be retained for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre concerned.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	18/04/2022
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	18/04/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are	Substantially Compliant	Yellow	01/09/2022

	implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	18/04/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	18/04/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	18/04/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	18/04/2022
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of medication related interventions in	Substantially Compliant	Yellow	18/04/2022

	respect of a resident, such record shall be kept in a safe and accessible place in the designated centre concerned.			
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 the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	15/04/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	18/04/2022
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	15/04/2022