



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

Issued by the Chief Inspector

Name of designated centre:	Dargle Valley Nursing Home
Name of provider:	Bluebell Care Limited
Address of centre:	Cookstown Road, Enniskerry, Wicklow
Type of inspection:	Unannounced
Date of inspection:	10 August 2022
Centre ID:	OSV-0000031
Fieldwork ID:	MON-0037327

About the designated centre

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

Dargle Valley Nursing home is a single storey facility situated in Enniskerry, Co. Wicklow and is easily accessed from the main N11 dual carriageway. It is in close proximity to local amenities such as Powerscourt gardens, the towns of Bray, Greystones and the village of Enniskerry. The registered provider is Bluebell Care Ltd. The centre accommodates a maximum of 30 residents and bedroom accommodation consists of 26 single rooms and two twin rooms. All bedrooms have an en-suite with a toilet and a wash hand basin, two en-suites have shower facilities. There are four assisted shower/bathrooms. Communal areas include a day room, dining room and sun lounge which opens on to an enclosed garden. There is parking to the front for approximately 12 cars. The centre caters for male and female residents over the age of 18 and offers long-term and short-term care. Residents with varying dependencies from low to maximum dependency can be catered for. The centre provides care to older persons with dementia, residents with physical, neurological and sensory impairments and end-of-life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 34 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 10 August 2022	08:50hrs to 17:30hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector chatted with a number of residents and spoke in more detail to five residents to identify their experiences of living in Dargle Valley nursing home. Overall, residents were very positive about how they spent their days in the centre with one resident stating that she "loves it" and "the food is great". Residents reported feeling safe in the centre and generally expressed satisfaction at how the centre was run.

An inspector arrived to the centre in the morning to conduct an unannounced inspection to monitor compliance with the regulations and national standards. The inspector was greeted at the entrance by the person in charge. Following a brief introductory meeting, the person in charge guided the inspector through a tour of the premises. It was very evident from the walk around with the person in charge that she was well known to all residents, who greeted her by her first name and were very complimentary about the care provided. The nursing home had a homely and welcoming feel to it.

Dargle Valley nursing home is a single storey building built approximately 40 years ago, contained 26 single rooms and two twin rooms. 24 of the single rooms contained a toilet and wash hand basin with the other two containing showering facilities. Shared showering and bath facilities were available for all other residents. The centre had a large sitting room and a separate dining area. In addition, there was a sun lounge which faced out onto the enclosed garden. All rooms had a door that led out to a pathway or to the enclosed garden. A small number of residents had a key to the door and a resident informed the inspector how the door is opened every day and they love the air coming into the room.

The centre had two gardens, one enclosed and a second which led out to the car park. The main garden, contained decking and garden furniture, however, the enclosed garden was uninviting with minimal seating available for residents. No residents were observed using it during the day. Residents' window sills contained window boxes with colourful flowers in full bloom. In addition, the centre had decking and a small amount of seating in a shaded area away from the building which overlooked the Dargle river. This was observed to be a tranquil area and the inspector was informed that a small number of residents enjoyed coming to that area, accompanied, to sit and enjoy the sound of the water, observe the trees and wildlife.

The centre was a hive of activity on the day. Residents were mobilising up and down the corridor, sitting in the sitting room listening to music or relaxing in the sun lounge. Residents activities were not taking place on the morning of the inspection due to staff vacancies, however, residents were observed to be taking part in an exercise class in the afternoon. Residents informed the inspector of a quiz that was held in the garden the previous day led by the person in charge. In addition, the inspector was informed that live music was planned in the centre for the following

week. A small number of residents spoken to stated they preferred to stay in their room and this was respected by staff. It is unclear when residents were last consulted about the organisation of the designated centre. This will be further discussed under Regulation 9: Residents' Rights.

The inspector observed the lunchtime experience. The dining area seated 16 residents and the inspector was informed that there were two seatings for mealtimes. Residents were observed to have a choice of nutritious meals and lunchtime was a social occasion for the residents. The majority of staff were in the dining room at lunchtime assisting residents who required it in an unhurried and discreet manner.

Residents were observed to be well-dressed with individual styles evident. Visitors were in attendance throughout the day of inspection and it was evident that they were welcomed by staff and had a good rapport with the person in charge. A visitor informed the inspector how 'impressed they were with the centre' and another visitor stated how 'there was something nice about the place'.

The following two sections of the report will describe how the governance arrangements in the centre impact upon the quality and safety of the care and services provided for the residents. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

Dargle Valley nursing home had a restrictive condition on their registration, "The physical environment will be reconfigured to provide an additional assisted shower room as set out in the plans submitted to the Chief Inspector in June 2018 and March 2021. The work should be completed by 31 December 2021". This work had been completed. The person in charge was advised to apply to remove this restriction off their registration.

The governance and management systems in the centre required improvement. The assurance and monitoring systems in the centre were not robust enough for the provider to be assured about the quality and safety of the service. Improvements were required in a number of regulations including staffing, contracts for the provision of services, notification of incidents, complaints, premises, infection control, fire precautions, healthcare and residents' rights.

The registered provider is Bluebell care Ltd which is owned by the registered provider representative. The registered provider representative is not involved in the running of any other designated centres. The person in charge had overall responsibility for clinical care and some administrative aspects in the centre, reported to the registered provider representative and was supported in the role by staff nurses, healthcare assistants, kitchen and household staff. In addition, the centre had a home manager who worked alongside the person in charge, was

responsible for all non clinical administrative aspects in the centre and reported to the registered provider representative. However, the centre had a number of staff vacancies outlined under Regulation 15: Staffing, as a result, on occasion, the person in charge had to assume front line duties including on the day of inspection. In addition, the person in charge did activities with residents as this post was also vacant. On the day of inspection planned leave meant that the person in charge also covered the administration role such as answering phones and the door. The person in charge has responsibility for some administrative aspects of the centre, as well as being the director of clinical care. This arrangement limited the time available to dedicate to person in charge role and could leave the centre in a vulnerable position, should the person in charge be required to be absent for any extended period.

Systems of communication were in place between the registered provider representative, the home manager and the person in charge with quality improvement meetings taking place monthly. Issues discussed in July included challenges with staff recruitment and actions identified. However, improvements were required around the systems of communications with other staff, which are detailed under Regulation 23: Governance and management. Overall, improvements were required in the governance and management particularly in relation to the review of serious incidents and the learning from the incidents and the identification and mitigation of clinical and environmental risks in the centre.

Staff had access to a wide range of training including dementia care, medication management, infection prevention and control and fire training. Staff were able to describe to the inspector the fire evacuation plan and a recent fire evacuation simulation that had taken place.

Contracts of care required review to ensure they were in line with the requirements under the regulations. In addition, not all incidents and quarterly notifications were notified to the Office of the Chief Inspector. These will be discussed under the relevant regulations.

The complaints procedure was displayed at the entrance to the centre identifying the person in charge as the nominated person to deal with complaints. Verbal complaints were logged on an information technology system and it was evident that these complaints were reviewed and addressed with the close out of the complaint outlined. However, the follow-up on written complaints required review. This will be discussed under Regulation 34: Complaints.

Regulation 15: Staffing

The centre had a number of staff vacancies at the time of inspection. For example;

- A clinical nurse manager post was vacated on the previous week.
- The centre had no activities co-ordinator in post. This is not in line with the statement of purpose which states the centre has 1.23 whole-time equivalents (WTE) of activities co-ordinators.

- One household staff member was working seven days per week, however, on occasion there were gaps in the staff cleaning rota. The inspector was informed that the home manager had completed a course in the principles and practices of cleaning and assumed the role if required. However, these arrangements were not sustainable.
- On the week of inspection, the centre had four staff nurses on the roster, however, the statement of purpose identified that the centre should have seven staff nurses. The inspector was informed that two staff nurses had just been recruited and were awaiting commencement of their posts and one staff nurse had commenced the week of inspection. In the meantime the person in charge had to work as a staff nurse, for example; on the week of inspection the person in charge was working as the registered nurse on duty for two of the shifts.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training required by the regulations, for example; fire safety, safeguarding and managing behaviours that challenge. Other training completed by staff included for example; medication management and dementia care. Staff training was up to date at the time of inspection, however, it was identified that the majority of staff fire training was due to expire the following week. Management were aware of this and fire training was organised for September.

Judgment: Compliant

Regulation 23: Governance and management

Arrangements in place to enable the provider be assured of the quality and safety of the service were not robust and required strengthening. For example;

- A review of serious incidents in the centre did not take place. This did not provide the provider with an insight into what occurred and whether there was learning for staff in the centre.
- The centre had a health and safety manual in place, however, the hazards identified were not centre specific and had not been risk rated. For example; staff nurse vacancies was not risk assessed and or on the health and safety register.
- Not all incidents were recorded on the information technology system. In addition, tracking and trending of incidents did not take place.
- While audits were taking place monthly, audits reviewed were not comprehensive enough to identify the issues. For example; audits completed

against the national standards and falls audit were reviewed, however no issues were identified in the audits completed.

- A maintenance audit received following the inspection, completed in June 2022, identified issues such as "ramp in enclosed garden needs repair", however, no time bound action plan accompanied the audit and it was unclear when this would be addressed.
- Environmental audits had not been completed.
- While the centre had a suite of policies, policies requested on the day for review; for example; the visiting policy and the complaints policy were not available in the centre.
- The annual review of the quality and safety of care was received following the inspection, however, it was not readily available to residents or the inspector on the day of inspection. Furthermore, the annual review did not adequately incorporate an assessment of quality and safety of care against relevant standards.
- The last staff meeting with staff nurses was in November 2021 and kitchen staff in January 2022.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of resident contracts were reviewed. The contracts of care did not outline the fees for additional services provided, for example; hairdressing.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were logged on an information technology system. Two incidents which met the criteria for notification were not notified to the Office of the Chief Inspector within the required timelines. Furthermore, the quarterly notifications for quarter 2 of 2022 had not been submitted. All required notifications were submitted following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The investigation and outcome for a small number of written complaints was not

available to review on the day of inspection. In addition, the person in charge was unable to locate the complaints policy on the day of inspection.

Judgment: Substantially compliant

Quality and safety

Overall, while the centre was working to sustain a good level of person-centred care provision, deficits in the governance and management in the centre were impacting on key areas such as premises, infection control, fire precautions, healthcare and residents' rights.

The centre was generally bright and clean on the day of inspection, however, some areas of the centre required repainting and repair. Lack of communal space for residents, identified on two previous inspections, had not been addressed despite an area being identified in the compliance plan in 2021. Household staff had good knowledge of their role and had recently completed a course in the principles and practices of cleaning. Improvements were required around premises and infection control which are detailed under Regulation 17 and 27 respectively.

No restrictions on visiting were in place in the centre and visitors were observed to come and go throughout the day.

Residents were assessed using validated tools and care plans were personalised to residents' individual needs and provided good guidance on the care to be delivered to each resident. Plans for personalised activities for example day trips with family and friends were observed for residents being admitted for respite and had been prepared in consultation with residents and their families. Residents were reviewed by a local general practitioner, if required. At present the general practitioners were not routinely onsite but the inspector was informed that they were readily accessible by telephone. At the time of inspection the centre was signing a contract with a local general practitioner practice which included a general practitioner attending onsite once weekly. Residents had good access to some allied health care professionals for example dietitian and a physiotherapist was onsite one day per week. Speech and language queries were managed through an acute hospital over the phone and if required a speech and language therapist attended on request. However, the inspector was informed that there was difficulty accessing occupational therapy through the HSE.

The centre had an up-to-date risk management policy in place which identified the five risks outlined in the regulations. Residents were observed to have nutritious, freshly prepared meals. On the day of inspection, it was particularly hot and it was evident that residents were regularly being provided with drinks and freshly made smoothies to cool them down.

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm

and emergency lighting had preventive maintenance conducted at recommended intervals. The inspector was informed that the emergency lighting had recently been replaced. However, a recommendation following a service of the system in 2020 recommended the installation of additional lighting. Fire drills were taking place approximately three monthly with evacuation taking two minutes forty seven seconds, however eight staff were involved in the evacuation. Evacuations of the largest compartment with the night time staffing levels had not been completed. Each resident had a completed emergency evacuation plan in place to guide staff. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. However, some improvements were required which are detailed under Regulation 28: Fire precautions.

There was a 1.23 WTE vacancy for activities co-ordinator. As a result residents' were observed to be sitting in the sitting room in the morning with little engagement. In addition, residents meetings had not taken place this year. A residents survey was conducted in December 2021, the results of which were reviewed in the annual review. It is unclear if findings were actioned however, feedback identified that improvement was required in the enclosed garden. This was a similar finding to the finding on the day and the issue remained. Additional findings will be discussed under Regulation 9: Residents' Rights

Regulation 11: Visits

Open visiting was taking place at the centre with no restrictions on visiting. It was evident that visitors were welcomed and visitors were observed in the centre throughout the day.

Judgment: Compliant

Regulation 17: Premises

- General wear and tear was noted throughout the premises including damage to the walls at bedsides. This had been identified in the maintenance audit in June 2022 but it is unclear when this will be addressed. In addition, a number of areas in the centre required repainting.
- Inappropriate storage of wheelchairs in the assisted bathroom. In addition, the bath contained foot pedals from a wheelchair.
- The inspection in 2019 and 2021 identified a lack of communal space for residents. This issue remained. The compliance plan submitted in 2021 indicated that an additional building had been installed. The inspector was informed that this building was available to residents to receive visitors during COVID-19, however, it was not in use by residents now. The building contained an office and a room with a sitting area. However, this was being

used for storage at the time of inspection and was not fit for use by residents. In addition, it was unclear if this building was linked to the fire panel in the centre. This will be further discussed under Regulation 28: Fire Precautions.

- Since the last inspection the centre raised the ramp to the enclosed garden to be more accessible to wheelchair users, however, the ground was uneven and posed a falls risk to residents. In addition, the enclosed garden required review to make it more inviting to residents including suitable seating.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with adequate quantities of nutritious food and drinks, which were freshly prepared, cooked and served in the centre. A choice was provided at all mealtimes. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. Modified diets were prepared onsite with a small number of residents requiring them in the centre. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). While the centre had the policy in place it was not evident from a review of the risks and the investigation into incidents that the policy was followed. This will be further discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 27: Infection control

While inspectors observed that the centre was generally clean a number of areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example:

- The dirty utility was a thoroughfare to the staff changing room and staff rest room posing a risk of cross contamination.
- The inspector identified that the centre had two hand hygiene sinks, one in the treatment room and one in the dirty utility. Neither of these met the required specifications nor were easily accessible if required.
- The centre had a small number of wall mounted hand gel dispensers on the corridor. The placement of these required review to ensure that they were available at entrances and exits to the centre and outside every room. In addition, two of the hand gel dispensers were empty on the day of inspection.
- Boxes of personal protective equipment were out of date. In addition, these were not stored within the footprint of the designated centre.
- Staff were inappropriately wearing gloves and aprons on the corridor.
- A bin in the assisted bathroom contained no bag.
- The assisted bathroom contained hairdressing equipment including hair brushes and a hairdryer. The use of this room for dual purpose poses a risk of cross contamination to residents.
- A COVID-19 contingency folder contained out of date guidance including reference to 14 day isolation period for staff and contained visiting guidelines from July 2021.
- The housekeeping trolley required replacement. This had been identified by the provider and they were in the process of purchasing one.

Judgment: Not compliant

Regulation 28: Fire precautions

- It was unclear if the additional building was on the centre's fire panel.
- A recommendation following a fire service in 2020 recommended the installation of additional emergency lighting. Information on whether this was completed was not available on the day, however, following the inspection the inspector was informed that the provider had received a quote to complete the works but there was no date for commencement.
- The inspector was unable to check if a fire door was closing correctly as the release button was broken. This had been identified with writing on the door and had been discussed and a management meeting, however, there was no date for repair of the button.
- Daily fire checks of means of escape were not consistently carried out.
- A yearly review of the fire extinguishers identified that a small number were obsolete for example; in the boiler room. Assurances received following the inspection identified that all risks inside the building were completed with remaining work required in the boiler room which is to be completed in 2022.
- While simulated evacuations were taking place three monthly, evacuations of the largest compartment with night time staffing levels had not taken place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and nursing assessments. Relevant information was seen to have been documented prior to and following admission to the centre. Care plans had been developed with the support of residents and family members. These were seen to contain sufficient information to guide staff in caring for the medical and nursing needs of residents. These were updated four monthly in line with the requirements under the regulations.

Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and malnutrition.

Judgment: Compliant

Regulation 6: Health care

The inspector was informed that there was difficulty accessing occupational therapy through the HSE and if required, residents paid for it privately. In addition, a review of resident's files identified that resident's weight loss was not always identified and or escalated.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Improvements were required around resident's rights. For example;

- The centre had no activities co-ordinator in post. The activities board identified that nursery rhymes, cards and dominos were the activities for the morning, however, due to staff vacancies these did not take place and the inspector observed periods without suitable stimulating activities in the morning for residents.
- Twin rooms in the centre did not comply with the requirements under the regulations. Specifically, bed space in the twin rooms did not contain personal storage within the bed space requiring the resident to enter the other residents bed space to access their personal belongings as required. In addition, residents in one of the beds in each of the twin room did not have access to a bedside locker.
- A resident's meeting had not taken place in 2022. In addition, meeting

minutes from the last meeting were not available for review.

- It is not clear from a review of the survey findings in the annual review from 2021 if findings were actioned.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Dargle Valley Nursing Home OSV-0000031

Inspection ID: MON-0037327

Date of inspection: 10/08/2022

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:</p> <ul style="list-style-type: none"> • A Clinical Nurse Manager was appointed on 05/09/2022 • The activity coordinator post has been advertised and we are experiencing great difficulty in filling the position. Currently to alleviate the problem, we have increased staff in the afternoon to perform activities. This commenced 21/08/2022. We also outsourced specialised activities eg music, siel bleu etc. Presently we have an interested candidate and we hope to fill this position ASAP • On 13/07/2022 one housekeeper resigned leaving us with the position vacant. We now have two housekeepers • We now have six full time and one part time staff nurses.. 	
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 have reviewed our reporting of serious incidents to ensure it is robust and strong by reviewing SOP for Governance and Management and we have further educated staff re reporting a serious incident and our learnings from this have been noted.</p> <p>We will highlight the necessity for the continuous education of the staff.</p> <p>We have reviewed our Health and Safety manual and have engaged with our consultant</p>	

Hennessy to assist us to ensure our manual is centre specific and risk rated accordingly. Since our inspection we have done a risk rating audit and are educating our staff with accordance to it.

All incidents are recorded on the Information Technology System specifically the serious incident which was on the daily report and had not been subscribed to the serious incident report. Trending and Tracking takes place yearly on the annual report but now will be brought to monthly QIM meetings.

As stated audits have been taking place monthly but going forward they will be more comprehensive and any issues arising will be accompanied by a time bound action plan.

Hennessy is our consulting body and at the time of inspection the policies requested were being reviewed and are now in place.

Our normal procedure is to keep a hard copy of Statement of Purpose and Nursing Home Guidance and Annual Review available to all staff and residents at the entrance to the Nursing Home and can also be sent to all interested parties via email.

We will ensure that there is an annual review of the quality and safety of care delivered to residents and ensure that the care is in accordance with the standards set out by the authority by using a new template. It will be prepared in consultation with residents and their families and readily available to all.

Our practice is to have formal staff meeting quarterly. During the course of the week we discuss any issues daily. Due to the pandemic and staff difficulties this practice has lapsed but going forward we will return to our practice. A staff meeting is organised on the 11/10/2022

Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: We are reviewing our contract of care with Hennessy and we will implement new contracts from 15/09/2022 with additional fees.	
Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Following our discussion on 28/09/2022, all incidents requiring hospital intervention will be reported on NF03 via portal.

All quarterly notifications will be checked once submitted for HIQA reference number to prevent errors.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The investigation and outcome of the written complaint is recorded on the technology system available for viewing. Hennessy is our consulting body and at the time of inspection the policies requested were being reviewed and are now in place.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- All audits will be more comprehensive and have a completion date if required
- All staff are being reminded about the correct storage of wheelchairs
- A plan for the enclosed garden is presently being reviewed to make it more inviting to residents including suitable seating. Completion date 31/12/2022

Regulation 27: Infection control

Not Compliant

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

The utility room has a high level of cleanliness and the staff enter the staff room via the back at the beginning of their shift. The two hand hygiene sinks will be brought up to the required specification when next replaced.

An audit of Hand gel dispensers took place and additional dispensers were installed.

All PPE has been audited and the expired removed and restocked nightly

Covid 19 folder has been updated.

Staff have been reminded about the correct wearing and the disposal of PPE and the risk of cross contamination to residents

Cleaning Trolley is being purchased 31/10/2022

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The additional building has two smoke alarms. The fire consultant is to review the log cabin to be in compliance with the regulation

Following a fire service in 2020 a quotation for additional work was agreed to be completed by 31/12/2022

Daily fire checks are now consistent

All fire drills will be carried out as a night time scenario

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The dietician visited on 07/7/22 and reviewed all frail residents. As a result of the inspection, a weight audit has taken place and it highlighted that every residents weight will be graphed and discussed at monthly QIM.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The activity coordinator post has been advertised and we are experiencing great difficulty in filling the position. Currently to alleviate the problem, we have increased staff in the afternoon to perform activities. This commenced 21/08/2022. We have outsourced

specialised activities eg music, siel bleu etc. Presently we have an interested candidate and we hope to fill this position ASAP

Furniture was moved to comply with the requirements under the regulations but, the resident expressed unhappiness and furniture was returned to original places. The bedside locker is now insitu.

Our practice is to have formal residents meeting quarterly. During visiting, PIC discusses any issues arising with residents and their families. Outcome reported on the technology system. Communication is also via phone and email

The next resident forum meeting is arranged for the 23/10/2022 and continued quarterly.

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	31/10/2022
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	21/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	30/09/2022

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant	Yellow	31/12/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	15/09/2022
Regulation 27	The registered provider shall	Not Compliant	Orange	31/10/2022

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are 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.	Substantially Compliant	Yellow	31/12/2022
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.	Substantially Compliant	Yellow	30/09/2022
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	12/08/2022

	the incident within 3 working days of its occurrence.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/09/2022
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	31/08/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional	Substantially Compliant	Yellow	30/09/2022

	expertise, access to such treatment.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/10/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	15/08/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/11/2022