



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

Issued by the Chief Inspector

Name of designated centre:	Valentia Hospital
Name of provider:	Valentia Community Health & Welfare Association Company Limited by Guarantee
Address of centre:	Farranreagh, Valentia Island, Kerry
Type of inspection:	Unannounced
Date of inspection:	18 October 2023
Centre ID:	OSV-0000571
Fieldwork ID:	MON-0041749

About the designated centre

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

Valentia Hospital is set in a peaceful and relaxing surroundings with beautiful sea views. The Hospital consists of one story building. It has 22 bedrooms, 20 single en-suite bedrooms and two double en-suite bedrooms. Accommodation is provided for male & female residents who are usually over the age of 65 years. Prior to admission, a full consultation process is carried out with resident and/ or their representative. All admissions to Valentia Hospital are planned admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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 18 October 2023	09:40hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector and discussions with residents, it was evident that residents were content living in Valentia Hospital and were cared for by a kind team of staff. Residents told the inspector they enjoyed their days and that they had opportunities for social engagement and meaningful activities. Nonetheless, their were findings of concern on this inspection with regards to the governance and management of the service and the potential effect of this on the quality of residents care.

The inspector met with all residents living in the centre and spoke in detail to six residents about their experience of living in the centre. Some residents were living with dementia and were unable to detail their experience of the service. They were observed by the inspector to be content and relaxed in their environment and in the company of other residents and staff.

Valentia Hospital provides long term and respite care, for both male and female adults, with a range of dependencies and needs. The centre is situated on Valentia Island, in South Kerry and is registered to provide care to 24 residents. There were 21 residents living in the centre on the day of this inspection. On arrival to the centre the inspector was met by the senior nurse on duty. During an opening meeting the inspector was informed that there was a power outage on the Island, due to a storm. The inspector noted that the centres generator was working effectively and there was no disruption to residents throughout the evening and day.

Following the opening meeting, the inspector was guided on a tour of the premises. The inspector observed some residents being assisted with their personal care. Others were seen watching television or listening to the radio in the comfort of their bedroom, while they had their breakfast. Residents were seen to be well dressed and it was apparent that staff paid attention to residents dress and appearance. One resident told the inspector that they can always choose what time they would like to get up and that staff always gave them time and never rushed them.

The inspector noted that the centre was very clean, bright and well maintained. It was evident that management and staff made great efforts to create and maintain a homely atmosphere. Some walls in the centre were decorated with pictures of residents during special events such as birthdays, garden parties and Christmas. These were entitled "moments to remember". Other walls in the centre were decorated with framed pictures of local South Kerry scenery and from the ceilings hung wooden seagulls, which reflected the coastal surroundings of the centre.

Residents' accommodation in the centre comprises of twenty single and two twin bedrooms, all with en-suite facilities. The inspector observed that bedrooms were large, spacious and the all contained appropriate seating and storage for residents. Each room was equipped with an overhead hoist to support the safe transfer of

residents in their bedrooms. Residents who spoke with the inspector said they were happy with their rooms and the space and privacy they had. Some bedrooms were decorated with residents personal belongings and the inspector was informed that residents were encouraged and supported to bring in their belongings from home. There was access to a television in all bedrooms. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner throughout the day.

The inspector noted that the atmosphere in the centre was calm and relaxed for residents with the exception of sensor alarms mats ringing, which could be heard on the corridors. The inspector discussed the rationale for the use of these with the nurse on duty and the disruption they caused for residents. They were found to be overly restrictive, this finding is actioned under regulations 7.

Throughout the day residents the inspector saw that residents were engaged in meaningful and enjoyable activities. A lively music session and sing song took place before lunch which residents were observed to really enjoy. Mass was live streamed daily for residents and the local priest attended the centre monthly to say mass. Some residents chose not to participate in group activities, and their choice was respected. The inspector observed staff sitting with residents reading them the local Kerry papers and doing their nails.

The inspector saw that communal areas were appropriately supervised throughout the day and staff were observed to be interacting in a positive and respectful way with residents. Residents were complimentary about staff and said that they were approachable and responsive to their needs. The inspector observed resident and staff interactions throughout the inspection and noted kind and caring interactions.

The dining experience at lunch time was observed. The menu was on display in the centre and residents' informed the inspector that they were always provided with a choice. Staff were available to assist residents at mealtimes. Residents were complimentary about the food and told the inspector that they could always request something they would like such as particular cheeses and fruits.

Visitors were observed coming and going throughout the inspection. The inspector spoke with a small number of visitors who expressed their satisfaction with the quality of care provided to their relatives living in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection by an inspector of social services to monitor compliance with regulations, and to follow up on the previous inspection of

February 2023. The findings of this inspection were that the registered provider had not ensured that there was a clearly defined management structure in place. Management systems also required strengthening to ensure that an effective and safe service was continuously provided for residents. Action was required to comply with the regulations in relation to training and staff development, care planning, notification of incidents, person in charge, healthcare, management of responsive behavior and residents rights. These will be detailed under the relevant regulations in this report.

Valentia Hospital is a designated centre for older persons that is operated by Valentia Community Health & Welfare Association Company Limited by Guarantee, who is the registered provider. The company consists of a voluntary board with responsibility for running the centre and it comprises of nine directors. There had been changes to the directorship of the company over the past six months, which included the resignation of the company's Chairperson. The Chief Inspector had been notified, as per regulatory requirements.

As outlined in the previous inspection report, the registered provider had not appointed a person in charge for the centre that met the requirements of the regulations, since the departure of the previous person in charge in October 2022, one year prior to this inspection. There was extensive engagement with the provider and the Office of the Chief Inspector since this time. This included cautionary and warning meetings, with members of the board in relation to the providers legal responsibilities under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) to ensure that a person in charge is appointed to the centre, who meets the regulatory requirements.

Failure to appoint a person in charge resulted in regulatory escalation. The Chief Inspector was not assured that the registered provider was operating the designated centre in compliance with the requirements of the regulations. On March 13th 2023, the provider was issued with a notice of proposed decision to attach a condition to the centres registration. The provider was afforded 28 days to respond to this notice of proposed decision, however, representation was not received within this time. Therefore, a restrictive condition was attached to the centre's registration on April 13th, 2023. This condition required the provider to ensure that the post of person in charge in the designated centre is held by a person who meets the requirements of the regulations by May 11th, 2023.

On April 24th, 2023, the provider notified the Chief Inspector that they had recruited a nurse manager, to take charge of the centre. Although this person was a qualified nurse with adequate management experience they did not possess a post registration management qualification, which is a requirement of the regulations. Therefore, they could not be appointed the person in charge until they obtained this management qualification. The provider gave a commitment to the Chief Inspector that this qualification would be achieved in a timely manner.

The registered provider applied to vary the restrictive condition on the centres registration under Section 52 of the Health Act 2007. This variation request related

to an extension of the conditions date, to allow the appointed person time to obtain a management qualification. The Chief Inspector had afforded the provider this additional time and the date had been extended to 31 August, 2023.

However, the registered provider had failed to comply with this condition by the agreed date, which resulted in further regulatory action. On October 2nd, 2023, the registered provider had been issued with a notice of proposed decision, under the Act, to cease admissions to the designated centre, until a person in charge had been appointed that met the requirements of regulation 14. This notice had not yet taken effect on the day of this inspection, as the registered provider had 28 calendar days after the notice, to make written representations to the Chief Inspector. Therefore, the centre was still authorised to accept admissions. On the day of this inspection the inspector was informed that the management qualification had yet to be achieved.

The absence of a person in charge, who met the requirements of the regulations, resulted in a significant gap in the management structure of the centre. On review of records the inspector saw that board meetings were taking place with the directors of the company. Issues such as staffing, the premises and finances were discussed. However, there was limited oversight of issues such as clinical care, risk, complaints and incidents occurring in the centre, to ensure there was effective oversight of the quality and safety of the service provided to residents. Within the centre there were also limited processes in place to oversee the quality and safety of the service and ensure good levels of regulatory compliance. Auditing of the service had not taken place since April 2023. These findings are actioned under regulation 23.

The staffing levels were appropriate on the day of inspection for the size and layout of the building and to meet the assessed needs of the residents. There was adequate nursing staff on duty supported by a team of healthcare staff. A review of the rosters found that there were adequate staffing in place to support housekeeping, catering and social care activities. Staffing levels in the centre were kept under constant review.

Training records provided to the inspector indicated that there were significant gaps in mandatory training, The inspector noted that the registered provider had employed a number of new staff over the past few months. However, there was not always evidence of a comprehensive induction programme in place for these staff. These findings are actioned under regulation 16; training and staff development.

The centre had a complaints policy, however, this did not reflect the regulatory requirements and there was not a clear understanding of regulatory responsibility in relation to the management of complaints, which is actioned under regulation 34. Incidents occurring within the centre were being documented, nonetheless, they were not being notified to the Chief Inspector, as required by the regulations.

Regulation 14: Persons in charge

The registered provider had not appointed a person in charge that met the requirements of the regulations. The business of a designated cannot be carried on without a person in charge. The person in charge has responsibility under the regulations for key areas of governance, operational management and administration of the designated centre, including responsibility for the supervision of staff who provide care and support to its residents.

Judgment: Not compliant

Regulation 15: Staffing

The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There was one registered nurses in the centre day and night, as per regulatory requirements.

Judgment: Compliant

Regulation 16: Training and staff development

The following training required to be actioned as per the centres own training requirements:

- Fourteen staff (35%) were due training in fire safety.
- Thirty one staff (79%) were due training in the management of responsive behaviours.
- Twenty one staff (53%) were due training in safeguarding vulnerable adults from abuse.
- There was no record of the nine registered general nurses having completed cardiopulmonary resuscitation (CPR) training and this was not being monitored.

The inspector was not assured that new staff were always appropriately inducted, as per the centres policy. From a review of induction documentation and from discussions with management the inspector found that three care staff had not been signed off as competent, in all clinical areas required, until three months after commencement of their position. This induction process as per the centres own documentation and policy, should have been completed within the first week of working in the centre.

Judgment: Not compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely, and available for inspection. Staff personnel files contained the necessary information as required by Schedule 2 of the regulations, including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

Significant action was required to comply with this regulation evidenced by:

- The registered provider had not ensured the the centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, on which the centre was registered. This was due to the fact that the registered provider had not employed a person in charge who met the requirements of the regulations.
- The registered provider had not ensured there was an effective management structure in place, with clear lines of accountability and responsibility. Lines of accountability and responsibility in the centre were not clear and the roles and responsibilities of the clinical management team were poorly defined. Accountability and responsibility for key aspects of the service such as the oversight and management of recruitment, the provision of staff contracts and risk in the centre, were unclear.

The registered provider did not have effective governance and management systems in place, to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, evidenced by:

- there was evidence of a lack of effective systems in place by management to monitor restraint, individual assessment and care planning and incidents. These are further detailed under the relevant regulations.
- there was not an audit systems in place in the centre, to support the management team to identify areas for improvement and develop improvement action plans. A review of records indicated that audits were not being completed since April 2023.
- there was limited evidence of clinical oversight by the registered provider. For example on review of board meetings the inspector found that information was not being reviewed in relation to incidents, complaints, risk and healthcare.

- there was a lack of oversight of incidents that required notification to the Chief inspector resulting in non notification of a number of issues, as required by regulation.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

From review of a sample of contracts, it was evident to the inspector that while contracts were signed and agreed in writing, contracts did not include the room number or indicate the number of occupants of the resident's room. It is as required by the regulations to provide the terms within the contract, on which the resident shall reside in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While a record of incidents occurring in the designated centre was maintained, a number of incidents that required three day notification and quarterly returns had not been reported to the office of the Chief inspector as set out in the regulations:

- two incidents relating to residents obtaining a serious injury in the centre.
- an allegation in relation to safeguarding.
- quarterly returns in relation to the number of pressure ulcers which occurred in the centre.
- quarterly returns submitted in relation to the number of restraints used in the centre, did not include detail in relation to the use of sensor mats and wander bracelets.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had not amended and adapted the centres complaints procedure to reflect the changes to the regulation, which took effect in March 2023. Therefore, complaints were not being managed in line with regulatory requirements. For example:

- one complaint submitted a month prior to this inspection did not include recorded information with regards to any actions taken on foot of the complaint. This is a regulator requirement.
- the complaints procedure displayed at the entrance to the centre, did not reflect the nominated person responsible for dealing with complaints in the designated centre.

Judgment: Substantially compliant

Quality and safety

On the day of inspection, the residents' care needs were observed to be attended to appropriately and residents were observed to be content in their environment. Nonetheless, the inspector found that the quality and safety of care provided to residents was compromised as a result of ineffective systems of governance and management described in the first section of this report.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their health care needs. Residents were provided with access to other health care professional for further specialist assessment, through a system of referral by the general practitioner. Occupational therapy was accessed through the Health Service Executive, however, the inspector was informed that access was difficult to obtain and residents then agreed to pay for a private service. The centre had access to a dietitian, speech and language therapist and chiropody services. Although there was a low incidence of pressure ulcer development in the centre, wound care documentation reviewed was not in line with evidence based nursing care, which is actioned under regulation 6.

Residents physical, psychological and social care needs were comprehensively assessed on admission to the centre. However, on review of a sample of residents assessments and care plans it was evident that care plans were not always updated as the needs of the resident changed and informed by an assessment of the resident's care needs. The system in place for ensuring care plan reviews were undertaken was weak as it relied on one member of staff to take responsibility for all 24 residents care plans. These findings are further detailed under regulation 5.

The inspector found that the use of restraint within the centre was high. From discussion with staff some did not have an appropriate awareness of national guidelines with regard to promoting a restraint free environment and what constitutes a restrictive practice. This was in relation to the use of bedrails as well as other restraints such as mattress alarms, sensor mats and wander guards. This will be further detailed under regulation 7.

Residents living in the centre had access to advocacy services and the inspector saw that staff engaged in social activities with residents in line with their capacity and

capabilities. It was evident that the centre had close links with the community. For example, the centre had a weekly Ceili dance in which people from the community attended. Residents were provided with access to religious services in the centre as mass was said by the local priest. However, there were not records of residents meetings or surveys taking place to provide assurance that residents were consulted in the running of the centre. These and other findings are outlined under regulation 9: Residents rights.

Regulation 11: Visits

Visitors were observed in the centre during the two days of inspection. It was evident that visitors were welcome in the centre and visitors were complimentary about the care their relative/friend was receiving. Visiting to the centre was not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with appropriate facilities within their bedroom accommodation for the safe storage of their personal possessions and clothing. Each residents was provided with lockable storage in their bedroom. Residents clothing was laundered on-site and systems were in place to ensure residents clothing was identifiable, to minimise the risk of items of clothing become lost or misplaced.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a choice of meals from a menu that was updated daily and displayed for residents to view. Residents confirmed that they could request other meals such as salads or sandwiches if they preferred something that was not on the menu. Residents were appropriately assessed with regard to their risk of malnutrition and systems were in place for monitoring of residents nutritional and weight status. Staff were aware of the appropriate referral pathways to ensure residents had access to specialist services such as dietitian and speech and language services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Significant action was required in individual assessment and care planning to ensure that residents documentation reflected their care requirements and could direct care delivery. For example:

- care plans were not guided by a comprehensive assessment of the residents care needs. For example, some resident's care plans did not accurately reflect the needs of the residents and did not identify interventions in place to protect residents when identified as a high risk of pressure ulcers or falls.
- four care plans were reviewed and these had not been updated four monthly, as required by the regulations. There were eight to nine month intervals between formal reviews.
- care plans reviewed were not always updated if the condition of the resident changed. For example; following review by a general practitioner or dietitian.

Judgment: Not compliant

Regulation 6: Health care

The following required to be actioned to ensure that care provided was based on evidence based nursing care:

- wound care assessment and evaluation systems were found to be inconsistent. For example; wounds were not being assessed to include information with regards to size, colour, and exudate. This was necessary to prevent further deterioration and to note potential problems that may be associated with the wound.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The use of restraint in the centre did not evidence that it was used in line with national guidance: For example:

- three residents had been assigned sensor mats which were placed under their mattress. Therefore, these alarmed if a residents chose to move in bed. These devices would constitute a restraint and there was no rationale for their use. There was also no evidence that alternatives had been trailed, as specified in the regulations.

- the number of bed rails in the centre was high at 38 %. Further action was required to ensure that national policy in relation to restraint was implemented.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Action was required to ensure all residents rights were respected in the centre: This was evidenced by the following findings:

- there was no evidence of consultation with residents. Although the statement of purpose stated that residents would be consulted with every three months, there had not been a residents meeting in the centre since February 2023.
- on review of a complaint submitted it was evident that a long term care resident was moved from a single to a twin bedroom, without consultation with the resident, their family or advocate. This action did not respect residents 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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	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 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Valentia Hospital OSV-0000571

Inspection ID: MON-0041749

Date of inspection: 18/10/2023

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>PIC has submitted all her course work in relation to her management course on 16/11/2023. She has achieved 81% Distinction in QQI level 6 in Supervisory Management. Certification will not be until June 2024 and we will request a letter of confirmation from the College.</p>	
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>A fire safety course was carried out on 17/11/2023 with 18 members of staff in attendance. There will be a further course in January. A CPR course is booked for January 2024. A course for Responsive behaviours and Safe guarding vulnerable adults is booked for January 2024. The PIC has been made aware of the need to induct new staff within the week of arrival and this is included in her reporting to the Board monthly</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>I have met with PIC and the Valentia Hospital Committee. I have set guidelines for the PIC to communicate with the Responsible Provider and the committee. I have also explained that the committee have to properly record in the minutes any report from the PIC and any subsequent actions that have to be taken. I have discussed with the PIC the importance of the hospital being the residents home and that all actions in relation to the residents must reflect this.</p> <p>All incidents will be reported to the responsible provider and the committee and acted on accordingly.</p> <p>The PIC has commenced an audit on patient care.</p> <p>The responsible provider will meet with the PIC weekly to review any incidents/complaints.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The PIC has reviewed all the patient contracts and they all have the room number in the contract and whether it is single or shared accommodation</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>I have discussed the reporting requirements with PIC. She is aware of the reporting schedule including the three days notification requirements. We have also reviewed the previous unreported incidents. The responsible provider will meet weekly with the PIC to review any possible reports to HIQA.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: On 23/11/2023 I reviewed with PIC the updated requirements for the complaints procedure and the Policy has now been re-written to include the changes in March 2023</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The registered nurses have been assigned individual patients and will commence updating the care plans.</p>	
<p>Regulation 6: Health care</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 6: Health care: We are formulating a new form to record a patients wound and also to record the treatment/dressing applied. This is to be carried out in accordance with the HSE National Wound Management Guidelines</p>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: We have removed the sensor mats which had proved to be very disruptive. I have reviewed all the other restraints with PIC and I am happy that restraint is used only when the benefits outweigh the risk and that the use of restraint in the facility is appropriate. The PIC will review with the responsible provider with regard to any restraints.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: We have conducted a residents questionnaire. The findings of which will be actioned. We are arranging a resident/family members meeting for the 12.12.2023 There was a meeting with the residents and family members on 12/12/2023. The committee are appointing a member to meet with the residents on a quarterly basis.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	18/12/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/01/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/01/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that	Not Compliant	Orange	27/11/2023

	identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	27/11/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/11/2023
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	Not Compliant	Orange	27/11/2023

	notice in writing of the incident within 3 working days of its occurrence.			
Regulation 31(4)	Where no report is required under paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.	Not Compliant	Orange	27/11/2023
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	23/11/2023
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	18/12/2023

Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	18/12/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/12/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a	Substantially Compliant	Yellow	31/01/2024

	high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	18/12/2023
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	18/12/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	18/12/2023