



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

Issued by the Chief Inspector

Name of designated centre:	Tinnypark Nursing Home
Name of provider:	Tinnypark Residential Care Limited
Address of centre:	Derdimus, Callan Road, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	26 May 2021
Centre ID:	OSV-0000707
Fieldwork ID:	MON-0032639

About the designated centre

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

Tinnypark Nursing Home is located approximately 2.5 miles from Kilkenny City, in a scenic rural setting. The nursing home is a large period house which has been extended to provide suitable accommodation for 47 residents. Bedroom accommodation comprises 39 single and four double rooms. All the bedrooms have full en-suite facilities with accessible showers. There are two dining rooms, and three sitting rooms for residents to use. The foyer is also a favourite place for residents and visitors to congregate. The walled garden to the rear provides a secure environment for leisurely strolls and residents also have free access to a number of enclosed patio seating areas. Tinnypark nursing home accommodates both female and male residents aged 18 years and over. The service caters for the health and social care needs of residents requiring dementia care, respite care, convalescent care and general care in the range of dependencies low/medium/high and maximum. The service provides full time nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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 26 May 2021	09:00hrs to 17:00hrs	Liz Foley	Lead
Wednesday 26 May 2021	09:00hrs to 17:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

The overall feedback from the residents and relatives was that this was a good place to live. Staff promoted a person-centred approach to care and were found to be kind and caring. The inspectors met with a large number of residents present on the day of the inspection and spoke in more detail with approximately 10 residents. They also met three sets of visitors in visiting their families during the inspection. The overall feedback was positive from all spoken with particularly about the care and the caring staff in the centre.

The inspectors arrived unannounced to the centre in the morning and a staff member guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature checks. Alcohol hand gels were readily available throughout the centre to promote good hand hygiene.

The centre was set in a rural location and was originally a period property to which a large purpose built extension was attached in 2008. All resident accommodation was in the newer extension which was bright and easily accessible with assistive hand rails throughout. The original building was accessible by stairs and ramps and contained communal spaces, offices, the main kitchen, dining, activity, visiting and staff spaces. The main entrance of the centre was restricted by a key code and residents who could retain the code could access it. There was open access to internal courtyards which were easily accessible for residents. The centre boasted a walled garden to the rear of the property. This provided a secure environment for leisurely strolls and residents also had free access to a number of enclosed patio seating areas. However at the time of the inspection there was maintenance work taking place in the garden so residents said they went a different direction for their walk. However the works were a good source of chat and conversation particularly amongst the male residents.

The inspectors found that the centre was bright and clean. A number of areas had been redecorated since the previous inspection including the dining rooms. Some areas of the centre required improvements, for example, damaged paint, rusted commodes and protective mattresses which were used to promote a restraint free environment were worn and torn and therefore could not be effectively cleaned. Decorative wall paper and age appropriate soft furnishings added a more homely feel to the centre. Most of the bedrooms were single with full en-suite bathrooms and bedrooms which were seen to be personalised with plenty of storage available for personal belongings and memorabilia. There were assistive call bells available in both the bedroom and en-suite for residents' safety. There was one main day room and a foyer which was laid out with tables and chairs to facilitate social distancing. A second sitting room in the older part of the building named the parlour was used for activities and quieter times.

The majority of residents reported satisfaction with the food and said choices were offered at meal times. However in the residents meetings a number of residents had complained about burnt toast and cold tea. The inspectors saw that some of these areas were being addressed with the introduction of a hot breakfast menu which included eggs, pastries etc. However, these issues were not identified in the complaints log for the centre.

Residents were observed to be well dressed and care had been taken to ensure residents' personal appearance was to their individual preference, for example, residents had their hair nicely done, some wore nail varnish and jewellery and gentlemen were clean shaven. The hairdresser had been in the day before and the residents said they loved to see her coming. Residents had their clothing laundered on site and care had also been taken to ensure that clothing was well presented and stored neatly in residents wardrobes. There was general approval expressed with laundry services since the introduction of laundry bags and the marking machine. Clothing was marked, laundered and ironed to residents' satisfaction.

Inspectors saw that residents had access to daily mass available by video link to the local church. Members of the clergy from various religious faiths were available to provide pastoral and spiritual support to residents as necessary. Residents were also facilitated to exercise their civil, political and religious rights. Inspectors observed that staff related to residents in a calm and kind manner on the day of the inspection. There was obvious warmth between residents and staff knew the residents and their individual personalities well, and residents were seen to be very comfortable with the staff and seem to enjoy being in the staff members' company. Inspectors saw that there were enough staff on duty to meet the needs of the residents in the centre.

Many of the residents, with whom the inspectors spoke, were complimentary about the activities and the activity staff. They particularly enjoyed bingo, crafts, baking and weekly appointments with the hairdresser. The tuck shop ran by residents on Fridays was particularly popular with the residents and resident shopkeepers. Residents said they received daily newspapers and had access to televisions and radios. Residents confirmed that they were consulted with via residents' meetings which took place every six to eight weeks. Residents spoke enthusiastically about their pet Fluffy the Rabbit who was a favourite with a large number of residents and staff reporting it to be a recent and very welcomed addition to the centre providing hours of enjoyment. Some residents who chose to remain in their bedrooms could do so and some were observed watching TV and listening the radio; many bedrooms had old/retro styled radios. The inspectors observed that residents in the day room were fully engaged in the activity programme but many residents sat in the foyer with little to do all day, all interactions were respectful but there were lost opportunities to engage in a meaningful way with the residents.

Residents told the inspectors how great it was to be in the centre and how good the staff were to them. One resident told the inspectors she was very happy here. When asked what did she like about the centre she said everything, food is lovely, my room is lovely, staff are lovely. Another resident equated the centre to a five star

hotel, great food, home from home and said they would give it top marks.

Despite all the positive feedback from residents and relatives the inspectors identified aspects of the governance of the centre that required improvement. The next two sections of the report will 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

Management systems and arrangements in place to ensure the quality and safety of the service were not consistent or effective resulting in multiple on-ongoing risks, some of which were directly impacting on residents well being. While inspectors acknowledged that some improvements had been made, they were not always sustained. Improvements made in the centre were mostly reactive and in response to the regulatory process. There was on-going non-compliance with 23 governance and management, 34 complaints procedure and 6 health care.

Tinnypark Residential Care Limited was the registered provider. The company had two directors both of whom were in the centre on a daily basis. The Person in Charge worked full time in the centre and was supported by an assistant director of nursing who worked two days per week and a care team leader who worked part time on opposite shifts to each other. The person in charge told the inspectors that she was on call for evenings and weekends but there were no on site clinical management staff on duty during these times. There was a newly recruited maintenance/household manager who had both a supervisory and hands on role. Although each of the management team had different areas of responsibility, oversight and leadership was lacking. Governance and management had been consistently non-compliant on the previous two regulatory inspections with similar areas of improvement required on each of these occasions. The management team were willing to come into compliance but further expertise was required to do this.

This was an unannounced risk inspection to monitor ongoing compliance with the regulations. Four pieces of unsolicited information had been submitted to the Chief Inspector since the last inspection in December 2019. These concerns were around safeguarding arrangements, staffing levels, supervision of residents, health care, food quality and governance and management. Inspectors followed up on these concerns and found most of them to be unsubstantiated. However, some aspects of the concerns were substantiated, for example, improvements were required in health care and in governance and management arrangements. Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 restrictions. To date the service had managed to prevent an outbreak in the centre.

There was sufficient resources in place to provide care to the residents however, improvements were required to ensure care was effective. The systems in place to

monitor the quality and safety of care were inconsistent and sometimes ineffective. Some aspects of the service had been improved following the last inspection, for example, there had been a successful reduction in the use of restrictive practices. The quality and choice of food and access to dental services had also improved as a result of an audit, however there was no follow up on the actions to ensure that these positive changes would be sustained. Other aspects of auditing of the service required improvement.

Other areas for improvement which were not identified by the service, included, poor documentation of management meetings resulting in no records of issues discussed and no development of improvements required. There was no evidence of learning from serious incidents in the centre. Complaints management was poor; there were no complaints recorded in 2020 despite evidence of dissatisfaction with aspects of the service from residents meetings. The management team were also aware of aspects of the service that had caused concern and had not recorded or managed these as complaints. The centre was not following their own policy on complaints management and had missed opportunities for learning and service improvement.

Staffing levels appeared to be sufficient to meet the need of residents and appropriate training had been provided to enable staff to perform their respective roles. Supervision arrangements required review to ensure there were clear lines of communication and staff were supported to perform their respective roles particularly on the weekend when there was no senior manager on duty.

Improvements were also required in the contract for provision of services to ensure that information was complete and correct and that residents were fully aware of extra charges that may be levied for additional services as agreed and arranged by the centre. A review of the language in the current contract was also required to ensure best practice was followed in the use of plain English as recommended by the Competition and Consumer Protection Commission (CCPC) Guidelines for contracts of care in nursing homes (May 2019).

Actions to come into compliance had not been taken by the centre following the previous inspection in December 2019, this was partly due to the restrictions from COVID-19. This was discussed with the management team.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents. There were two nurses on duty at all times. Night time staffing levels were in line with the centre's contingency plan for an outbreak of COVID-19. Improvements were found in staffing allocations for household staff and activity staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Information submitted following the inspection confirmed that staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements did not ensure the effective delivery of a safe, appropriate and consistent service in the centre. Issues with the governance arrangements and lack of effective systems included:

- The roles and responsibilities of the senior team were not clearly defined and lines of authority required review to ensure oversight of the quality and safety of the service was effective.
- There was no senior manager on duty in the centre at the weekend to oversee clinical care.
- There were no records of management meetings in 2021, therefore there were no clear quality improvement plans in place to address risks, complaints and clinical care improvements required.
- There was evidence of a lack of effective systems in place to monitor complaints, health care and fire. The consequences from the lack of systems are outlined further under the specific regulations.
- Major incidents in the centre had not been fully investigated in line with the centre's policy.
- Learning from serious incidents was not being completed in the centre, this resulted in lost opportunities for quality improvements and potentially meant the cause of the incident was not being effectively managed.
- The system of audit required improvement as current systems had not identified poor oversight and management of incidents and issues with healthcare, therefore there were missed opportunities to identify quality and safety improvements in the centre.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The contract for provision of services required review to ensure it contained clear details of additional fees to be charged for services, for example, hairdressing and chiropody charges.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was no evidence to support that the registered provider was managing complaints in accordance with the regulations and their own policy. No complaints had been recorded since the beginning of 2020 despite expressed dissatisfaction with aspects of the service from various stakeholders. The management team were aware of these concerns. Without any documented evidence it was unknown if the concerns were dealt with or if measures for improvement were completed. There was no learning opportunities to inform ongoing quality improvement in the service.

Judgment: Not compliant

Quality and safety

Overall, residents were supported and encouraged to have a quality of life which was generally respectful of their wishes and choices. Opportunities for social engagement were evident for a large number of residents. However, inspectors found that the quality and safety of resident care was compromised by lack of oversight by management. Improvements were required in health care, premises, fire precautions, risk management and residents rights.

The design and layout of the centre promoted an unrestricted environment for residents who were encouraged to mobilise freely and had access to an enclosed courtyard from two sides of the corridor. Staff were seen to be supportive and encouraging in their interactions with residents. There was sufficient communal space for residents to partake in group activities, and privately if they wished. There was a programme of activities in place and activities were provided seven days a week with two activity staff employed. However, the inspectors found that further activities for residents who spent large parts of the day in the foyer were required.

Oversight of fire safety required review. Systems were in place to ensure effective detection and containment of fire in the building. Staff participated in fire evacuation drills and there was a weekly check of the alarm system which also provided opportunity for learning for staff. However further assurances were required around the safe evacuation of residents. Simulated fire drills in the centre's largest fire compartment based on minimum staffing levels had not been practiced in some time therefore the provider was unable to assure the ongoing competence of staff in safe evacuation practices. While individual residents' evacuation needs had been assessed the information was held in a file in an administration office and therefore not readily accessible to guide staff in the event of a fire.

The centre continued to maintain infection prevention and control procedures to help prevent and manage an outbreak of COVID-19 and to date the centre had been successful in this. For example, symptom monitoring of residents and staff for COVID-19, strict monitoring of visitors being welcomed into the centre and staff were continuing with routine screening. A successful vaccination programme was completed in the centre and there were arrangements for the vaccination of new residents and staff.

Staff were observed to have good hand hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place with additional staff resources in place since the previous inspection. The centre was very clean throughout with the exception of areas where maintenance was required, for example, rusted equipment and damaged paint work. The cleaning of high touch areas required review to ensure it was in line with the national guidance.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated as required but kept to a minimum during the pandemic. There was evidence that residents had access to other allied health care professionals including dietitians, speech and language therapy, dental, chiropody and ophthalmology services. However some improvements were required in aspects of follow through with specialists such as tissue viability and dietitians. The provider had put systems in place to manage risks and to ensure that the health and safety of all people using the service was promoted. However, the inspectors found improvements were required in the monitoring and recording of observations following a fall were

required.

There was a risk management policy in the centre and the provider had identified many risks and put in place measures to eliminate or mitigate risks in order to keep residents and staff safe. However additional risks found by inspectors had not been identified by the provider, and were impacting on the safety and well being of residents in the centre. These risks are discussed under the specific regulations for example, fire precautions, infection control and health care.

Residents meetings were held on a regular basis and meeting minutes confirmed that residents were consulted with and participated in the organisation of the centre. Individual choice was promoted where practicable. Residents could undertake activities in private. Overall, residents' right to privacy and dignity were respected and respectful interactions were seen between staff and residents. The residents had access to newspapers, telephones, broadband and television. Use of social media had been encouraged during the pandemic.

Regulation 11: Visits

There were a number of designated areas in the centre to facilitate visiting in line with the most up to date guidance for residential settings. Indoor visiting was taking place on the day of inspection in the conservatory area and in residents individual bedrooms that enabled safe visiting abiding by social distancing guidelines. Visitors booked in advance and went through a screening process and wore appropriate personal protective equipment through out the visit. Window visits has also been facilitated in conjunction with residents and visitors preferences. There was a member of staff allocated on a daily basis to facilitate a safe and coordinated visiting process.

Judgment: Compliant

Regulation 17: Premises

There were a few areas identified with the premises and maintenance of equipment that required review.

- The wheels on a number of commodes were rusting which did not allow for effective cleaning, a number of these were inappropriately stored in an assisted bathroom.
- The inspectors saw that three mattresses used to prevent residents injuries if they sustained a fall from bed were worn and torn and required replacement. A regular checking programme is required for all of these mattresses.

- There was a heavy odour in some of the en-suite bathrooms and a checking system for the effectiveness of extractor fans was required

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors observed that mealtimes were a social experience and assistance was offered in a discrete and assistive manner. Food appeared nutritious and in adequate quantities for the needs of the residents. Minutes of a recent nutritional meeting between the chef and residents confirmed residents preferences were taken into view and a new hot breakfast menu was currently being trialled. Feedback from residents on the food during the inspection was positive.

Judgment: Compliant

Regulation 27: Infection control

There was inconsistent knowledge of the frequency of cleaning required in high touch areas as per the national guidance. Cleaning procedures are essential to prevent and minimise the impact of any potential outbreak in the centre. Documentation maintained did not capture the frequency of cleaning of these areas and therefore the provider was unable to provide assurances that recommended procedures were in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had not practiced a simulated evacuation drill of the largest compartment with the lowest staffing levels since November 2019. A drill report was submitted following the inspection which demonstrated good evacuation times of the centre's largest sub-compartment. Ongoing drills were required to ensure all staff were familiar the procedures to be followed in the event of a fire in order to ensure safe and timely evacuation of all residents and staff.

Personal evacuation plans for residents were not readily accessible by staff in the event of an emergency, this information is vital for staff in order to inform them of residents needs during and following an evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident assessments were completed using validated tools and care plans were completed following these assessments. A comprehensive assessment of residents needs was commenced but not completed for a resident who was in the centre for numerous months the person in charge assured the inspectors this was completed following the inspection. Overall improvements were seen in care planning and care plans were seen to be person centered and sufficiently detailed to direct care.

Judgment: Compliant

Regulation 6: Health care

Improvements were required to ensure that appropriate and evidence based care was consistently provided to residents.

- Post fall documentation reviewed by the inspectors did not have consistent documented neurological assessments recorded after residents sustained unwitnessed falls to assess for a risk of head injury.
- Weight loss noted was not actioned, the person in charge stated the weighing scales were malfunctioning, however despite the scales showing significant weight loss two weeks prior to the inspection these residents were not weighted again at the time of the inspection and no further action to their weight loss had occurred..
- A referral for tissue viability advice requested in February which did not happen had not been followed up by the centre.
- Scientific assessments of wounds were not completed at each wound dressing change to assess improvements or deterioration in the wound.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspectors there was evidence that residents who presented with responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were responded to in a very dignified and person-centred way by the

staff. They used effective de-escalation methods.

The use of restraint in the centre was in line with best practice guidelines and alternatives to restraint use were in place. Comprehensive assessments were seen to be in place for areas of restrictive practice.

Judgment: Compliant

Regulation 8: Protection

Although there were systems in place for the safeguarding of residents possessions and monies handed in for safekeeping, a more robust system for double signing and checking of residents monies handed in is required for the protection of all.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Although there were two activity staff on duty during the inspection and activities were taking place in the main day room, inspectors observed a number of residents sitting in the foyer for long periods with little to do. Further division of the activity staff to different groups is required to ensure that all residents have appropriate facilities and opportunities to participate in a range of activities suitable to their needs.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tinnypark Nursing Home OSV-0000707

Inspection ID: MON-0032639

Date of inspection: 26/05/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There is a clearly defined management structure, and it will be incorporated into our Statement of Purpose utilizing the thematic framework. The roles of each member of the Senior Management Team have been reviewed and responsibilities within each role identified outlining clear lines of authority and responsibility. The team includes the Registered Provider, Director, PIC, ADON, CTL, CNM, ADMIN and recently appointed combined Maintenance/Household Manager.</p> <p>1 CNM has recently been appointed and a recruitment process has commenced for a second CNM position. CNM to be rostered on weekends and will be the Senior Manager on duty as part of this role. PIC/ADON will continue to be available in a on call capacity out of hours as a support for CNM.</p> <p>Schedule of audits has been reviewed and from June 2021 now includes auditing of complaints and fire systems to ensure full oversight of these areas. Incident analysis has been improved with the addition of time bound and specific action plans. Learning outcomes from incidents will be identified each month and discussed as part of the standing agenda at monthly Senior Management Meetings. This information will then be shared with staff to reduce risk of reoccurrence</p> <p>From May 2021 Senior Management Meetings have been reviewed are now scheduled to occur on a monthly basis. As part of the standing agenda audit findings will be analyzed and specific and time bound action plans set with appropriate follow up to ensure all actions have been addressed ensuring continuous quality improvement in the centre. A Governance and Management Audit is scheduled for Quarter 3 of 2021 and this will be overseen by an independent consultant.</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>A list of services available and their accompanying fees are sent to the residents and their representatives in the contract of care. This will be stored with the contract on file going forward.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints and concerns both formal and informal will be logged on Epicare. Complaints logged will form part of the standing agenda for discussion during monthly Senior Management Meetings and quarterly staff meetings to allow for an opportunity for learning and ensure ongoing quality improvement.</p> <p>The complaints process will be audited quarterly by the ADON as part of the yearly schedule of audits for the centre. CTL has been assigned as investigative officer for complaints. ADON has been assigned as the Appeals Officer for unresolved complaints. Our complaints policy has been updated to reflect this and our complaints procedure is displayed throughout the centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Commodes and safety induction mats have been removed and replaced. Sluice room has been designated for storage of commodes. Safety induction mats to be checked for condition as part of the 2 monthly environmental audit. Extra supply of these mats purchased and kept in storage for replacement of further mats as required.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Frequent touch areas are cleaned twice daily as per national guidance. Facilities module has been updated to allow recording of the frequency of cleaning tasks. Update also allows for recording of spot inspection reports to ensure oversight of issues as they occur.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PEEPS have always been stored and sorted into compartments in the front of fire book as per the local fire officer's request. In addition, a simplified PEEP traffic light system has been implemented in each bedroom reflective of each residents needs to assist staff in prompt evacuation.</p> <p>We have completed several fire evacuation drills using night- time staffing levels. Staff have shown evidence of required competencies in this area and this is recorded. There is a schedule of drills in place for the coming year.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>A meeting was held with all nurses to discuss the following topics:</p> <ul style="list-style-type: none"> - Wound Management -The Wound Mgt Policy has been updated and copy given to each nurse. Upcoming training scheduled by DON. - MDT Referrals – MDT referrals are included in residents' care plans and will be included in the skin integrity assessment which is accessed daily by the nurses to ensure MDT assessment is completed. - Incident Recording – Neuro-obs are required for all resident falls. Incident reports will be completed in full and closed by DON. - MUST Assessments – We have purchased a second scales. This will allow for prompt recording of all weights. CTL to review all weights prior to commencement of new month. <p>DON to oversee recordings and relay information to all nurses. Staff nurses are knowledgeable in these areas and will ensure that they will complete comprehensive documentation.</p>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: As of May 2021, there is a system of double signing for all monies.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A low arousal area was created in the lobby during quarter 4 of 2020 as a falls prevention measure for residents with responsive behaviors who find other areas overstimulating. As part of this project a fire place was purchased and inserted. Over this a TV has been placed with old silent movies played to enhance this quiet area. A simulated fish tank is also displayed. To create a relaxing ambiance, we purchased a speaker and a tablet with dementia friendly playlists and classical music. A colourful screen is displayed by the front door to distract from outside activity. This project is a work in progress but the feedback we have received so far from residents and their families has been very positive.</p> <p>Meeting has been held with the Activities Co-Ordinator to review activities schedule. Each Activity Co Ordinator will be assigned a different group of residents. As of June 2021, a Mens Shed has been set up to provide meaningful engagement for male residents. Resident activity assessments will be reviewed and activity programmes created to correspond with the outcomes of these assessments.</p> <p>At the most recent Senior Management Meeting a discussion was held around the possibility of an outdoor event in August in line with national guidance around outdoor activities in the hope of providing a return to community links for our residents.</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 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	03/06/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	03/06/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	31/07/2021

	provided is safe, appropriate, consistent and effectively monitored.			
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	27/05/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	09/06/2021
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	Not Compliant	Yellow	16/06/2021

	case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Yellow	16/06/2021
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant		31/07/2021
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.	Not Compliant		31/07/2021
Regulation	The registered	Substantially	Yellow	31/07/2021

34(1)(h)	provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Compliant		
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Yellow	31/07/2021
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 high standard of evidence based nursing care in accordance with professional guidelines issued	Not Compliant	Yellow	18/06/2021

	by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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 expertise, access to such treatment.	Substantially Compliant	Yellow	30/06/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	27/05/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	23/06/2021