



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

Issued by the Chief Inspector

Name of designated centre:	Hillview Private Nursing & Retirement Residence
Name of provider:	Hillview Private Nursing & Retirement Residence Partnership
Address of centre:	Rathfeigh, Tara, Meath
Type of inspection:	Unannounced
Date of inspection:	20 February 2024
Centre ID:	OSV-0000141
Fieldwork ID:	MON-0042902

About the designated centre

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

The designated centre provides care for both women and men over the age of 18 from low to maximum dependency needs. It can provide twenty four hour nursing care to meet a range of care needs including for residents with intellectual and physical disability, dementia, acquired brain injury, convalescence, palliative, long term care and short term stay. The centre is located in a rural area. The centre is all located on one floor with an additional activity area located in a basement area accessed by residents via the garden. Accommodation is provided in 25 single bedrooms some of which have en-suite facilities. The aim of the centre is to provide a wide range of nursing and care services to meet the individual needs of residents while actively encouraging residents to fulfil their own potential.

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
Tuesday 20 February 2024	09:45hrs to 17:10hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in the centre. Residents who spoke with the inspector said that they were well cared for by staff and were satisfied with the service they received.

Hillview Private Nursing Home and Retirement Residence is a single storey building with 25 single bedrooms. Residents bedrooms were found to have personal items on display and some residents who spoke with the inspector said they were invited to bring in personal items from home if they wished. Each bedroom had a lockable locker and a wardrobe for their personal belongings.

There were two dining rooms available for residents use. Residents were observed sitting with their friends at meal and snack times. On the morning of the inspection some residents were observed having a late breakfast, in line with their choices. However, residents did not have access to an area of the centre called Teach Brid. Although registered as an area for residents' use, this area was instead used for storage with various items observed to be stored here inappropriately.

There was a laundry service available for residents. Residents informed the inspector that this service was 'excellent' and that their belongings were returned to their room promptly and in a neat manner.

The inspector observed that staff knew the residents well and were aware of their individual needs. A resident informed the inspector that 'staff are very good and kind here'. Residents and staff appeared to be very comfortable around each other. Many of the residents knew the staff by their first name.

Residents had access to an external advocacy service and their contacts were made available to residents and observed to be displayed in the centre.

Residents were provided with activities by an allocated activity staff member. Each resident was well-known to this staff member who ensured that residents' social needs were met.

Some opportunities for improvement were identified on this inspection in relation to the person in charge, premises and infection prevention and control. Although the centre was clean, the inspector observed a carpet in the lounge and outside on the corridor that required cleaning or replacement as there was obvious staining evident. The sluice room also required review. Clean commodes and gloves were being inappropriately stored in this area. In addition the certificate of registration issued by the Chief Inspector of Social Services was not displayed in the designated centre as required.

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

Overall, this inspection found that there was a weakened governance structure and insufficient resources available in the designated centre to ensure the effective delivery of care in accordance with the statement of purpose. The previous person in charge had left the position on 1 February 2024 and the proposed alternative arrangements to replace the person in charge were not appropriate and did not meet the regulatory requirements. As a result there was no person in charge of the designated centre on the day of inspection. 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. While the centre has a good history of compliance, the findings of this inspection show a decline in the level of oversight as evidenced by the increase level of regulatory non-compliance's and weakened governance and management arrangements. There were also concerns identified on the day of inspection in relation to the statement of purpose, the premises, infection prevention and control and governance and management.

The registered provider is Hillview Private Nursing & Retirement Residence Partnership. There was a team of nurses and healthcare assistants working in the centre on the day of the inspection that knew their residents well. They were very knowledgeable about their residents' needs and preferences. The organisational structure of the centre has the person in charge and the assistant director of nursing in place to manage and support the centre. However, the person in charge did not meet the regulatory criteria to be the person in charge. While the previous person in charge had notified the provider of their intention to depart as far back as October 2023, the registered provider did not give timely notice in writing to the Chief Inspector of any intended change in the identity of the person in charge of a designated centre for older people.

Pursuant to Section 56 of the Health Act 2007, the Registered Provider must ensure that the registration certificate upon which the registration of the designated centre is granted is affixed in a conspicuous place at the centre. The registered provider had failed to display this certificate.

In addition, the registered provider had failed to ensure that fees were paid in respect of each resident living in the centre on 01 September 2023 as per Health Act 2007, Registration of the Designated Centres for Older People Regulations 2015 (S.I. No 61 of 2015)

The registered provider had failed to ensure that all areas of the designated centre registered as communal and/or day space was available for residents use. Teach

Brid, was no longer accessible to residents and was being used as storage at the time of inspection.

The statement of purpose also required review in relation to the whole time equivalent (WTE) staffing levels in relation to nurses and health care assistants. They did not reflect what was documented in the staff rotas.

There was good evidence on the day of inspection that residents were receiving good care and attention. The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents, found that the number and skill mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre.

There was continuous monitoring in place in the centre. This included audits in relation to the environment, care planning and infection prevention and control. However, these audits did not identify risks found on the day of the inspection in relation to the sluice room. This is discussed further under Regulation 27: Infection prevention and control.

The complaints procedure displayed in reception required review as the named person to make a complaint no longer worked in the centre.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services. However, one incident was notified outside the required time-frame. This is discussed further under Regulation 31: Notification of incidents.

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The registered provider had submitted the incorrect number of residents who were accommodated at the designated centre on 01 September 2023 and consequently had not paid the correct registration fee.

The registered provider had also submitted the incorrect number of residents who were accommodated at the designated centre on 01 January 2024.

Judgment: Substantially compliant

Regulation 14: Persons in charge

There was no person in charge. The person notified as the new person in charge of the designated centre did not meet the criteria to be person in charge.

Judgment: Not compliant

Regulation 15: Staffing

The designated centre had at least one registered nurse on duty in the centre at all times. There was a suitable number and skill-mix of staff available to support the assessed needs of the residents in the designated centre on the day of inspection. However, as identified under Regulation 3: Statement of purpose, the total staffing complement, in whole time equivalents was not in line with the centre's working roster. This placed an undue reliance on staff in the centre to work more than their core hours on any given week.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example:

- The Teach Brid facility which was purposed to be used as communal space for activities for residents use was being used for storage. This negatively impacted residents as it greatly reduced their communal space.
- The governance structure in place was not in line with the Statement of Purpose as there was no person in charge.
- The staffing levels as indicated in the statement of purpose were not in line with the working roster provided to the inspector. The whole time equivalent (WTE) on the rosters were less than what was indicated on the Statement of Purpose.

The management systems in place were not sufficiently robust to ensure that the service provided is safe, appropriate, consistent and effectively monitored. For example:

- The infection prevention and control audit did not identify the risk of cross infection in the sluice room. For example; There were three clean commodes stored beside the bed pan washer.
- The complaints procedure displayed in the reception area listed the name of a person who no longer worked in the centre as the complaints officer/ nominated person to contact. This meant that residents or visitors who wished to make a complaint did not have the correct contact details.
- The oversight of storage required review to ensure safety and prevent the risk of cross-infection. There were seven oxygen cylinders stored in a nominated storage press. However some of these were empty but had not

yet been removed. The treatment room was found to have the free standing hair dryer and hair dressing products on display.

The registered provider had failed to display the Certificate of Registration in a conspicuous place in the centre which is required Pursuant to Section 56 of the Health Act 2007.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose relating to the designated centre, but there were inconsistencies between the services, staffing and facilities described in the Statement of purpose and those available to the residents on the day of inspection. For example:

- The total staffing complement, in whole time equivalents was not in line with the centre's working roster
- There were inaccuracies in the description of the rooms in the designated centre and their primary function. For example a room identified as the treatment room was also being used as a hair dressing facility.
- The Teach Brid facility which provides communal space for residents was being used as storage.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector of Social Services had been notified of a serious injury sustained by a resident, as required by the regulations. However, this notification was submitted four days late and not within the required time-frame of three days.

Judgment: Not compliant

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider did not as soon as practicable;

- (a) give notice in writing to the Chief Inspector of any intended change in the identity of the person in charge of a designated centre for older people. The registered provider had knowledge of the proposed departure since October

2023 as per assurances submitted, yet the Chief Inspector was notified about the planned changes only on 1 February 2024.

- (b) supply full satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.

Judgment: Not compliant

Quality and safety

Overall the health and social care needs of the residents continued to be met to a good standard. Residents enjoyed a good quality of life in the centre. Although the residents were comfortable in their surroundings, improvements were required in relation to premises and infection prevention and control. The inspector found that premises were not used in line with what was indicated in the designated centre's statement of purpose and its condition of registration. A significant area of registered communal space, namely 64m², had been taken out of use for residents. This area was observed to be used to store items such as personal protective equipment (PPE) and some furniture. Some improvements were also required in respect of ensuring infection prevention and control procedures such as appropriate storage and segregation between clean and dirty were consistently employed in all areas to protect the residents from the risk of infection.

There were good systems in place to ensure appropriate referrals were made to allied health care professionals and the general practitioner. Reviews were documented. The health and social care needs of residents were met. Residents that were referred to allied health professionals were reviewed in a prompt time frame.

There were comprehensive nursing assessments completed when residents were admitted to establish their health and social care needs, as well as determine areas of risk. A range of validated assessment tools were used to assess skin condition, risk of falls, vulnerability to developing pressure area problems and nutrition needs. The assessments completed were used to develop care plans that were person-centred, individualised and described the care to be delivered. The inspector observed that the privacy and dignity of each resident was respected.

Each resident that was transferred from the centre had a comprehensive transfer document provided to the receiving centre. These included the residents communication needs and dietary requirements. All residents that were admitted or readmitted to the centre had a comprehensive transfer letter safely filed in the centre.

Staff spoken with were knowledgeable in relation to safeguarding of the residents. Staff training matrix was viewed and it confirmed that all staff had completed training in relation to detection and prevention of and responses to abuse.

Residents rights were upheld in relation to their civil and religious rights. The voting register was up-to-date for residents to be able to vote in the centre for local and national elections. Residents were also provided with Mass in the centre. The local priest would say Mass monthly or more often if available.

Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre were in accordance with the statement of purpose. For example;

- Communal space that was indicated in the statement of purpose was not available for residents use and was now being used for storage. This limited the residents' access to appropriate communal space.
- The treatment room was observed to be used jointly as a hair dressing room. Dual purpose use of this room was not appropriate and posed a safety risk.

The registered provider did not provide premises that fully conformed to the matters set out in Schedule 6 of the regulations. For example:

- There was insufficient suitable storage in the designated centre as evidenced by inappropriate storage of residents' equipment and inappropriate use of premises and facilities.
- The carpet in the lounge and on the corridor outside this lounge required cleaning or replacement as there were many heavy stains observed on the day of inspection.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

Where a resident was temporarily transferred to or admitted from another facility all relevant information about the resident was supplied. The residents' transfer documentation included the residents' mobility and nutritional risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections

published by the Authority were fully and consistently implemented by staff. For example:

- The sluice room was found to have three clean commodes stored next to the bed pan washer.
- Disposable gloves were stored in an open box behind the bed pan washer. This could pose a risk of cross infection to staff and residents.
- There was a pedal bin blocking access to the hand wash sink.
- The clinical treatment room was observed to include hair dressing equipment. This poses as significant cross-contamination risk and is not appropriate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive care plan commenced within 48 hours of admission. The care plans were reviewed every four months or more frequent if the residents condition changed.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to expertise in gerontology, psychiatry of later life and palliative care services as required.

Judgment: Compliant

Regulation 8: Protection

The registered provider has taken all reasonable measures to protect residents from abuse.

All staff had received appropriate training in safe guarding vulnerable adults.

The registered provider was not a pension agent for any residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Substantially compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hillview Private Nursing & Retirement Residence OSV-0000141

Inspection ID: MON-0042902

Date of inspection: 20/02/2024

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
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people: Corrective action applied to this oversight and the Annual Fee has been discharged. Regulation 8 has been added to our quarterly audit management program.</p>	
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>There was no person in charge. The person notified as the new person in charge of the designated centre did not meet the criteria to be person in charge.</p> <p>We have completed and submitted all requisite documentation for the appointment of the notified PIC. The notified PIC has now met the criteria by completing a post-registration management qualification as required. This will not re-occur because we are documenting a procedure complying with Regulation 14. This shall be included in our Management Audits .</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>	

We have properly addressed the Inspectors observations regarding sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Teach Brid has been reinstated to its original purpose, as a communal space for activities for residents and complies with its stated objective and in accordance with the SOP and will remain established for this purpose.

We conducted an examination of our roster management policy and while we concluded that this was an isolated incident, the staffing complement WTE will be corrected as will our SOP.

We have completed and submitted all requisite documentation for the appointment of the notified PIC. The notified PIC has now met the criteria by completing a post-registration management qualification as required. This will not re-occur because we are documenting a procedure complying with the Regulation. This shall be included in our Management Audits.

We have enhanced our management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored. We conducted a comprehensive assessment of our current infection control practices against the Regulations, in doing so we have bolstered our existing infection control policies and procedures to ensure they fully comply with Regulation 17. These policies will be regularly updated and a process of ongoing evaluation of infection control based on internal audit findings, will be performed on a monthly basis. We will regularly review these procedures to reflect the relevant guidance, regulation.

We have addressed the specific details as identified by the inspector and confirm corrective action has been taken for each. Our infection prevention and control audit has been amended to identify and detect risk of cross infection in the sluice room and Treatment Room. Commodes are now stored in the store room adjacent to the Sluice Room, pedal bin removed and gloves stored in correct store room.

We have reviewed our Complaints Procedure and amended the displayed version in the reception area showing the correct name and contact details. The Complaints Policy and its display (including contact details) will now be subject to a quarterly review and listed on the Management audit as a live item going forward to ensure any changes are captured.

The procedure for the oversight of storage required to ensure safety and prevent the risk of cross-infection has been modified and now provides for the precise storage of oxygen cylinders and ongoing monitoring of same system. The empty oxygen cylinders have been removed and stored externally.

The treatment room was found to have the free standing hair dryer and hair dressing products on display and this poses as significant cross-contamination risk. These items have been removed. In line with our registration requirement to ensure rooms are used for their stated purpose we will submit an application to HIQA to change the Treatment Room to a Therapy Room.

The Certificate of Registration is now displayed in a conspicuous place in the centre as required Pursuant to Section 56 of the Health Act 2007.

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>We completed a review of our SOP. In addressing the total staffing complement WTE we confirm this was an isolated incident and will not occur again and our SOP is being revised accordingly.</p> <p>The description of the rooms in the designated centre and their primary function are now displayed in the Nurses Station. In addition this is now included in our monthly management audit.</p> <p>Teach Brid</p> <p>This has been rectified and we have properly addressed the Inspectors observations regarding the sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Teach Brid has been reinstated to its original purpose, as a communal space for activities for residents and complies with its stated objective, in accordance with the SOP. Teach Brid will continue to remain established as such with no future deviations to its purpose.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We have augmented our Notification of Incidents Procedure which ensure seamless compliance with Regulation 31 and maintains a fail-safe notification system.</p>	
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:</p> <p>Registration Regulation 6: Changes to information supplied for registration purposes: The registered provider did not as soon as practicable;</p> <ul style="list-style-type: none"> • (a) give notice in writing to the Chief Inspector of any intended change in the identity of the person in charge of a designated centre for older people. The registered provider had knowledge of the proposed departure since October 2023 as per assurances submitted, yet the Chief Inspector was notified about the planned changes only on 1 February 2024. • (b) supply full satisfactory information in regard to the matters set out in Schedule 2 in 	

respect of the new person proposed to be in charge of the designated centre.

(a) This will not re-occur because we are documenting a procedure complying with Regulation 6 which will give notice in writing immediately to the Chief Inspector of any future intended change to the PIC. This will also be listed in our Management Audits .

(b) We have completed and submitted all requisite documentation for the appointment of the notified PIC. The notified PIC has now met the criteria by completing a post-registration management qualification as required.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Teach Brid has been restored for its original purpose as a communal space for activities for residents in full compliance with its stated objective and purpose. The Facility will remain as such and no deviations to its purpose will occur.
 The procedure for the oversight of storage required to ensure safety and prevent the risk of cross-infection has been modified and now also provides for the precise storage of oxygen cylinders and ongoing monitoring of same. The empty oxygen cylinders have been removed and stored externally.
 The Laundry Trolley has been covered appropriately.
 The treatment room was found to have the free standing hair dryer and hair dressing products on display and this poses as significant cross -contamination risk . These items have been removed. In line with our registration requirement to ensure rooms are used for their stated pupose we will submit an application to HIQA to change the Treatment Room to a Therapy Room.
 The carpet in the lounge and on the corridor outside this lounge has been professionally cleaned. We have purchased a specialized carpet cleaning machine for on-going use.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 We have conducted an assessment of our infection control practices as against Regulation 17. In doing so we have safeguarded our infection control policies/procedures to ensure they fully meet the standards in Regulation 17. These polices will be regularly updated and a process of ongoing evaluation will be included in our monthly in-house audits. We will regularly review these procedures to reflect the relevant guidance, regulation. We addressed the specific details as identified by the inspector and confirm corrective action has been taken for each . Likewise the infection prevention and control

audit has been enhanced to ,amongst other things detect risk of cross infection in the sluice room and the Treatment room. The treatment room was found to have the free standing hair dryer and hair dressing products on display and this poses as significant cross -contamination risk, these items have been removed and the room restored. In line with our registration requirement to ensure rooms are used for their stated pupose we will submit an application to HIQA to change the Treatment Room to a Therapy Room.

The procedure for the oversight of storage required to ensure safety and prevent the risk of cross-infection has been modified and now also provides for the precise storage of oxygen cylinders and ongoing monitoring of same. The empty oxygen cylinders have been removed and stored externally.

All Staff have received refresher training to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections are fully observed and applied by staff.

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
Registration Regulation 6 (1) (a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre for older people.	Not Compliant	Orange	22/03/2024
Registration Regulation 6 (1) (b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.	Not Compliant	Orange	14/03/2024
Registration Regulation 8(1)	The fee payable by a registered provider is €183 in respect of each resident for a full calendar year	Substantially Compliant	Yellow	18/04/2024

Regulation 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Red	20/03/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	20/03/2024
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	14/03/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	04/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	04/03/2024

	provided is safe, appropriate, consistent and effectively monitored.			
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	22/03/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	25/02/2024