Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Beechwood Nursing Home
Name of provider:	Maisonbeech Limited
Address of centre:	Rathvindon, Leighlinbridge, Carlow
Type of inspection:	Announced
Date of inspection:	11 March 2024
Centre ID:	OSV-0000199
Fieldwork ID:	MON-0040270

About the designated centre

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

Beechwood Nursing Home is a purpose-built, single-storey residential service for male and female persons over 18 years of age and is located within close proximity to the town of Leighlinbridge and across the road from a busy arboretum. The designated centre provides accommodation for 57 residents in 57 single bedrooms. Full ensuite facilities were provided in 30 single bedrooms. Sufficient toilet and shower facilities were conveniently located throughout the centre to meet residents' needs. Accommodation for residents is provided at ground floor level throughout. The centre has a number of communal facilities, including two dining rooms and three sitting rooms, one of which could be subdivided to meet residents' activity needs. The centre provides long-term, respite, and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56

How we inspect

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
Monday 11 March 2024	08:50hrs to 17:45hrs	Sinead Lynch	Lead
Monday 11 March 2024	08:50hrs to 17:45hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Overall, the residents living in the centre gave a mixed review of their lived experience. Many were positive but also residents and families expressed concerns over the high turnover of staff and, on some occasions, the shortage of staff. However, on the day of the inspection inspectors observed that there were sufficient staffing in place, in line with planned rosters.

The inspectors spoke with many residents and their visitors on the day. The general view was that there had been a lot of preparation for this announced visit in the form of deep cleaning and maintenance repairs, that was not typical of their lived experience in the centre. On the day of this announced inspection the centre was clean, bright and appeared well-maintained. Two family members said that there was not enough staff in the centre to meet the needs of the residents and provided examples that they had observed whereby sometimes residents did not get out of bed until late in the day and that on one occasion, due to staff shortages, their family member was in bed for the full day. The provider informed the inspectors that there had been a high turnover in staff but that this was promptly actioned when it happened and staff were being replaced as quickly as possible.

Inspectors observed that access to resources impacted the service and care delivery. Improvements were required in relation to the care planning process and healthcare. Care plans were being developed but the goal of care in some care plans could not be achieved due to lack of resources. For example, residents who required access to physiotherapy could not avail of the service. The in-house physiotherapist was no longer in their role and there was no referral made to the community physiotherapy services via the Health Service Executive (HSE) as further detailed in the report.

Inspectors observed that residents were provided with a good quality of food and drinks. There was a variety to choose from. However, the supervision in the dining room required review. There was a lack of clinical supervision should a resident require immediate assistance, this was not available. Furthermore, inspectors observed institutional practices where staff applied personal protectors/bibs to residents without asking permission. This did not support residents' choices and rights to dignity.

One family reported to the inspectors that their relative could not use assistive technology such as a smart speaker. Obstructing access to supportive technology that could enable the resident to exercise choice and promote their independence was impeding on the resident's rights to communicate using the Wi-Fi that was available in the centre for all residents and the inspectors raised the concerns with the provider who committed to follow up.

The residents had access to an enclosed garden and inspectors observed that residents had unrestricted access to this space as the doors were unlocked

throughout the day. There was an additional external garden that residents could also avail of.

There were no visiting restrictions in place and visits and social outings were facilitated and encouraged. Friends and relatives were seen coming and going on the day of the inspection.

Residents were provided with a good selection of activities. Residents were complimentary about the options made available to them.

There was an information notice board for residents and visitors near reception. This was to inform residents of the services available to them while residing in the centre. Advocacy and other supports services were available and their contact details were displayed.

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, the findings of this inspection showed a decline in regulatory compliance and raised concerns about the the governance and management arrangements in the centre and the provider's capacity and capability to provide and ensure a safe high quality service for the residents at all times. Actions that the provider had committed to implement following previous inspection in May 2023 had not been completed to meet regulatory compliance. There were repeated findings of non-compliance in respect of Regulation 5: Individual care planning and assessment, Regulation 6: Healthcare, Regulation 23: Governance and management. While some improvements were identified in respect of food and nutrition, training and the management of temporary absences, this inspection found further areas of concern in respect of Regulation 31: Notification of Incidents, Regulation 17: Premises and Regulation 9: Residents' rights. Significant action and more robust clinical oversight was now required to ensure the residents living in the centre were safe and their care needs were met to a good standard.

This was an announced inspection whereby the registered provider was informed about the upcoming inspection one month in advance, in line with established processes. This was to provide residents and visitors the opportunity to give feedback on the service via completion of questionnaires and/or speak directly with inspectors on the day.

Beechwood Nursing Home is owned and operated by Maisonbeech Limited, which is the registered provider and part of the Beechfield Care Group. The company is comprised of two directors. From a clinical and operational perspective, care in the centre was directed by a newly appointed person in charge who commenced in the

role in September 2023. They were supported by two clinical nurse managers (CNMs) who are responsible for overseeing the work of a team of nurses, health care assistants, an activity coordinator, maintenance, housekeeping and catering staff.

On the day of inspection there were sufficient staff to meet the needs of the residents. However, there had been a high turnover of staff since the last inspection. Many staff were new and being inducted into their roles. However, many residents reported that there were too many new staff and that they did not know the residents' care needs. The inspector discussed the high turnover of staff and the impact on the residents with the provider who confirmed that they were working towards stabilising the team and thoroughly inducting staff to ensure they delivered the high standard of care expected for their residents.

The training matrix was made available to the inspectors which showed that all staff had been provided with the required mandatory training. However, inspectors observed a lack of supervision in the dining room, which posed a risk to residents' safety. There was one health care worker assisting 15 residents while the clinical nurse manager was serving meals for a short time and then they left the dining room. There was no clinical oversight in place while many residents presented with swallowing difficulties and required modified diets.

There was a directory of residents in place. However, this did not detail all the required information as set out in the regulations. This is explained further under Regulation 19: Directory of Residents.

While overall, notifications of incidents were submitted, the person in charge had not notified the Chief Inspector of Social Services about the unexpected death of a resident. This is a requirement under Regulation 31: Notification of incidents.

The Director of Nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had nominated a nurse to the role of IPC link practitioner who has yet to enrol on the national IPC link practitioner training course.

The centre had an outbreak of respiratory syncytial virus earlier this year of which 15 residents were affected. There was a review completed with identified learning post the outbreak and the management of the outbreak had good documentation of meetings with staff, public health and senior management.

Inspectors found gaps and that the provider did not fully comply with Regulation 27 and the *National Standards for Infection prevention and control in community services (2018).* Some weaknesses were identified in infection prevention and control environment and equipment management. Details of issues identified are set out under Regulation 27.

One of the store rooms on the day of inspection had maintenance equipment, for example, paint and flammable products beside resident supplies and equipment storage issues was a repeat finding from the last inspection.

Inspectors identified some examples of good antimicrobial stewardship (AMS) practice. The volume of antibiotic use was monitored each month which enabled easy trending. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff had completed AMS online training and were engaging with the national "Skip the Dip" campaign. This national campaign is aimed at reducing the use of urine dipsticks as a marker for urinary tract infections (UTI's) which may cause antibiotics to be prescribed unnecessarily.

There were the required policies and procedures in place which were reviewed regularly. However, adequate systems were not in place to ensure that these were implemented in practice in relation to; falls management, care planning and temporary absence and discharge of residents.

An annual review was available but it did not provide any quality improvement plans for the centre. This was a pre-printed questionnaire but many of the questions were left blank. There was no learning identified which would guide management and staff on what improvements were required. Residents were also not involved in the consultation process.

Regulation 14: Persons in charge

There was a person in charge who worked full-time in the centre. The person in charge is a registered nurse and they met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of this announced inspection there were sufficient numbers of staff and an appropriate skill-mix to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was insufficient supervision in place in the dining room at meal times. This had a negative impact on residents who required support with modified diets.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents available in the designated centre. However, all the information as required in the regulations was not available. For example;

- The cause of deaths for all residents was not completed
- The next of kin's name and contact details were not available for three residents
- The contact details for general practitioner (GP) was not completed.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

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 statement of purpose states that a physiotherapist will be on site one day a week. This post was vacant for six months and there was no alternative arrangement in place to ensure residents could access physiotherapy services when required.

The inspectors found that management and quality assurance systems that would ensure that the service delivered to residents was safe and effectively monitored remained inadequate in a number of areas, and consequently, most of the inspectors' findings on this inspection had not been identified by the provider through their oversight and auditing processes. This was evidenced by;

- Recurrent findings that the inspectors identified in relation to Regulation 5; Individual assessment and care planning, Regulation 6; Healthcare, Regulation 17; Premises.
- There was a significant lack of clinical governance and clinical oversight to ensure that residents were provided care in line with their needs. Falls

management was poor, care planning documentation did not inform the care residents received and transfer documentation was incomplete
- Residents' care plans did not guide staff on how to care for the residents. Care planning audits did not identify these failures.
- On the day of inspection not all residents had access to hot water to meet their personal hygiene needs. Inspectors acknowledge that there was a person servicing the boiler and the provider assured the inspectors the issue with the hot water would be resolved.
- Failure to submit all notifiable incidents to the Chief Inspector of Social Service as required.

The annual review of the centre was not fully completed which meant that the quality improvement plan was not informed by evidence. In addition, the annual review did not evidence consultation process with residents as required.

Judgment: Not compliant

Regulation 31: Notification of incidents

The Chief Inspector of Social Services had not been notified of the unexpected death of a resident which is required under the regulations.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were in place and were reviewed regularly. Adequate systems, however, were not in place to ensure that these were implemented in practice, specifically in respect of:

- Falls management policy
- Care planning
- Temporary absence and discharge of residents

Judgment: Substantially compliant

Quality and safety

Inspectors found that ineffective systems of governance and management described in the capacity and capability section of this report impacted on the quality and

safety of care provided to residents. There were many repeated findings from the last inspection which continued to require improvements. Clinical oversight of individual care planning and assessment and healthcare were found to be weak and negatively impacted on the quality of care and life for residents living in the centre. Residents' rights to dignity and choice were not found to be consistently upheld in relation to the use of bibs at meal times and the right to communicate freely using supportive technology.

Overall, the ancillary facilities at the centre supported effective infection prevention and control. Clean and dirty areas were distinctly separated, and the work flow in each area was well-defined. For instance, the housekeeping room included a janitorial sink and ample space for storing and preparing trolleys and cleaning equipment. This room was also well-ventilated, neat and clean, with surfaces easy to clean. The cleaning carts were fitted with locked compartments for safe chemical storage. Additionally, the layout of the on-site laundry effectively separated the clean and dirty stages of the laundry process.

However, barriers to effective hand hygiene practice were also observed during the course of this inspection. Clinical hand washing sinks were not available within easy walking distance from all residents' rooms. There were two designated hand hygiene sinks in communal bathrooms but when these bathrooms were in use these sinks were not accessible for staff use.

The provider had substituted traditional needles with safety engineered sharps devices to minimise the risk of needle stick injury. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour-coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen.

The premises were of a suitable size and layout to support the number and needs of residents living in the centre. However, the temperature of water in bedroom one to seven was not reaching a sufficient temperature for residents to comfortably wash. This water was run for 8 minutes by inspectors and there was no change in temperature. There was a person in the boiler room attending to this issue on the day of the inspection. The provider informed the inspector that they were actively working to resolve this issue.

Meals and snacks served to residents appeared nutritious and wholesome. However, staff practices, supervision and the serving of food at meal times required review as further detailed under Regulation 18: Food and nutrition and Regulation 9: Residents' rights.

When residents were transferred to another facility the documentation accompanying the resident was not accurate to provide a full picture of residents' care needs. This posed a health and safety risk to the care and welfare of the resident. For example, a resident with a low body weight and prescribed a modified diet, was transferred with no advice on the diet required.

Where equipment was provided, it did not support residents' needs. For example, residents at risk of skin breakdown had pressure relieving mattresses in place. However, these were not set in accordance with the residents' weight. The mattress

being set at the incorrect setting may lead to further damage to a residents' skin and at risk of pressure areas. Clinical audits or oversight had not identified this as there was no effective monitoring of the equipment when in use.

Falls management was inadequate. One resident who had fallen three times in the centre had since returned from hospital. There was no post-falls assessment completed. This would not allow for staff to learn from previous falls and to put in place preventative measures to mitigate the risk of a fall re-occurring.

Residents were observed to be sitting in inappropriate seating. Some residents were found to be sitting in wheelchairs that they were not appropriately assessed for. One resident was observed to be slouched to the side in an uncomfortable way. There were no seating assessments completed for these residents and no care planning arrangements in place.

Regulation 17: Premises

The registered provider did not ensure that, having regard to the number of residents in the designated centre provide premises which conform to the matters set out in Schedule 6. For example:

- Sufficient supply of piped hot water to all areas of the centre. There was no hot water in the taps in bedrooms one to seven.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The serving of food and the dining experience for residents was not appropriate. For example:

- Institutional practices were observed where staff applied protective bibs to all residents without seeking consent in advance.
- There was insufficient number of staff to supervise and assist residents in the main dining room, when a large number of these residents had dysphagia.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Where a resident was temporarily transferred to another facility the documentation was not always completed. For example;

- One resident was transferred with a low haemoglobin, there were no observations documented on the resident before transfer.
- One resident who was transferred had their diet requirements left blank. This resident weighed 33.9kgs and was prescribed a fortified diet. Failure to communicate residents' needs posed a risk that the resident would not receive appropriate and safe care in the receiving facility.

Judgment: Not compliant

Regulation 27: Infection control

The environment was not sufficiently managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- The hand hygiene sink in the clinical room had an apron dispenser directly over the sink with aprons at risk of being contaminated with splashes of water; this meant that the apron was not clean to protect staff and residents from the spread of infection.
- The hand hygiene sink in the clinical room was set inside a counter top that was stained and difficult to clean. Surfaces that are not easily cleaned can cause spread of infection between staff and residents.
- Hand hygiene sinks were not easily accessible for staff to wash their hands if visibly soiled. This may increase the risk of infection spread to residents.
- The food server in the pantry was visibly dirty.This increased the risk of a food borne illness.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were not formally reviewed at regular intervals or when necessary and there were changes in residents' condition. For example:

- Care plans were in place however, they did not direct care. For example; the care plan stated the resident should have daily showers but the resident informed the inspectors they did not take showers and preferred a bed bath.
- One resident who had had presented with responsive behavior (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), did not

have a care plan to direct care and indicate the triggers or the management of such behavior.

There was no post fall-assessment completed for a resident who had fallen three times. There had been no changes to the planned care and no learning or preventative measures identified to avert further falls.

Judgment: Not compliant

Regulation 6: Health care

There was no physiotherapy made available to residents. This was not in line with the provider's statement of purpose and residents' contract of care and negatively impacted residents in relation to improving their mobility. Two residents had been discharged from hospital. Neither residents were able to avail of a physiotherapist and no attempts made to refer to the community physiotherapist.

Appropriate healthcare was not provided in line with residents' assessed needs and there was not a high standard of evidenced based care nursing care. For example:

The pressure relieving mattresses for residents at risk of compromised skin integrity were not set as per the resident's weight. For example:

- One resident who weighed 84.3kgs had their mattress set at 150kgs
- One resident who weighed 140kgs had their mattress set at 170kgs
- One resident who weighed 33.6kgs had their mattress set at 90kgs.

Residents were not appropriately assessed for the chairs they were sitting in. One resident sat uncomfortably in a wheelchair on a daily basis.

One resident was transferred with a low haemoglobin level. There was no clinical observations documented for this resident.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents could not exercise choice at meals times. Staff were observed to place bibs on residents to protect their clothing at meal times. The inspector observed that consent was not obtained and residents were not offered these bibs but they were applied by staff. Such practices were not person-centred and impeded residents' rights to make their own decision in how they wished to protect their clothing.

Residents' rights to exercise choice and communicate freely and have access to enabling technology was limited. One resident wanted to use a smart device speaker that would improve their quality of life in relation to communication and keeping up-to-date with current events and technology. The resident had been informed that this device was not allowed in the centre.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Beechwood Nursing Home OSV-0000199

Inspection ID: MON-0040270

Date of inspection: 11/03/2024

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**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A new allocation system has been implemented since 12/03/2024. This system clearly identifies staff responsibilities and allocated areas throughout their shift. The responsibility for supervising both meal areas are identified in this system. The nurses responsible for the supervision have been trained and understand the responsibilities of their role. The allocations of staff are audited daily by the Don and CNM to ensure compliance with this system. Allocations are discussed each morning at morning huddle / meeting. The system was reviewed and discussed with staff during staff meetings held in April 2024	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory of residents has been reviewed and all information is currently in place for all residents.	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Statement of Purpose has been updated to reflect the new physiotherapist arrangements. An external company will be onsite every 2 weeks to provide a physio service.

A full internal review of the Careplans has commenced by the DON and CNM. In addition to this the Group Operations team are reviewing all Careplans within the home and this will be completed by the 31st May 2024. All Careplans will reflect the care arrangements in place for the residents.

An internal falls committee has been set up within the home. This committee's responsibility will be to analyse all falls data and establish control measures within the home to mitigate the risks identified. The findings from the committee will be shared with all staff within the home. The Operations team follow up weekly with the Director of Nursing to ensure all recommendations are actioned.

There is a clear Standing Operation Procedure in place for nurses to follow that documents all relevant information required for transfer to hospital.

On the day of inspection, the external company which has the responsibility for 'preventative maintenance' were on site for a scheduled service. As a result, hot water was affected throughout the day and restored by 18.00hrs on the same day. As part of the homes internal maintenance checks hot water temperatures are recorded every month and documented in the property maintenance folder. Any non-compliances are reported to the Operations Team to action.

All notifiable incidents are now submitted on time.

A new Annual Review template is being rolled out in the home for this year. It will include the residents survey and all consultation with the residents and their advocates.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
All notifiable incidents are now submitted on time.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All policies in relation to the below have been reissued to all staff. The staff have now read and understood these policies.

• Falls Management
• Care Planning
• Temporary absence and discharge of residents

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
On the day of inspection, the external company which has the responsibility for 'preventative maintenance' were on site for a scheduled service. As a result, hot water was affected throughout the day and restored by 18.00hrs on the same day. As part of the homes internal maintenance checks hot water temperatures are recorded every month and documented in the property maintenance folder. Any non-compliances are reported to the Operations Team to action.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
Staff have been reminded in morning Huddles that clothes protectors are only to be given to a resident with their consent. If the resident is unable to consent then the clothes protector is not to be given to the resident.

A new allocation system ah been implemented sine 12/03/2024. This system clearly identifies staff responsibilities and allocated areas throughout their shift. The responsibility for supervising both meal areas are identified in this system. The nurses responsible for the supervision have been trained and understand the responsibilities of their role. The allocations of staff are audited daily by the Don and CNM to ensure compliance with this system.

Regulation 25: Temporary absence or discharge of residents	Not Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

There is a clear Standing Operation Procedure in place for nurses to follow that documents all relevant information required for transfer to hospital.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The Dani centre in the treatment room has been relocated to a different location.

The counter top in the clinical room is to be replaced. We are awaiting contractor to complete same.

A review of all clinical sinks in the home will be carried out by the Group Quality and Clinical Practice Lead.

The food server was visibly dirty due to lunch service. This was cleaned post lunch and rectified on the day. This cleaning is incorporated into the homes cleaning schedule which form part of our HACCP system.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A full internal review of the Careplans has commenced by the DON and CNM. In addition to this the Group Operations team are reviewing all Careplans within the home and this will be completed by the 31st May 2024. All Careplans will reflect the care arrangements in place for the residents.

An internal falls committee has been set up within the home. This committee's responsibility will be to analyze all falls data and establish control measures within the home to mitigate the risks identified. The findings from the committee will be shared with all staff within the home. The Operations team follow up weekly with the Director of Nursing to ensure all recommendations are actioned.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Statement of Purpose has been updated to reflect the new physiotherapist arrangements. An external company will be onsite every 2 weeks to provide a physio

service.

An audit of the pressure mattresses in the nursing home has been conducted and all mattresses have been set correctly to take into account the resident's current weight. There is a Standard Operation procedure in place for each mattress. A nurse conducts an audit weekly on the mattresses and this is verified monthly by the DON/CNM.

All staff nurses were reminded on the importance of completing observations on residents based on their clinical need, including taking observations when someone is to be transferred to hospital. There is a clear Standing Operation Procedure in place for nurses to follow that documents all relevant information required for transfer to hospital.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Staff have been reminded in morning Huddles that clothes protectors are only to be given to a resident with their consent. If the resident is unable to consent then the clothes protector is not to be given to the resident.

The home is working with the family to find the most appropriate technology for the residents needs.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	12/03/2024
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	18/03/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	12/03/2024
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are	Substantially Compliant	Yellow	12/03/2024

	available to assist residents at meals and when other refreshments are served.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	18/03/2024
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	25/04/2024
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	30/06/2024
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	30/06/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at	Not Compliant	Orange	18/03/2024

	another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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	30/06/2024
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	18/03/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on	Substantially Compliant	Yellow	31/05/2024

	the matters set out in Schedule 5.			
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	30/06/2024
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 by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	25/04/2024
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	Not Compliant	Orange	25/04/2024

	service requires additional professional expertise, access to such treatment.			
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.	Not Compliant	Orange	12/03/2024
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Not Compliant	Orange	31/05/2024