



**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:	St Joseph's Home
Name of provider:	Little Sisters of the Poor
Address of centre:	Abbey Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	17 September 2024
Centre ID:	OSV-0000245
Fieldwork ID:	MON-0044792

About the designated centre

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

St Joseph's Home is owned and operated by the order of The Little Sisters of the poor. It is a purpose built centre registered to provide care to 48 residents. It is situated in Ferrybank in Waterford city close to all local amenities. It provides residential care to people over the age of 65years. It offers care to residents with varying dependency levels ranging, from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs. The centre comprises of two units on separate floors named; Lourdes and Fatima. All resident accommodation is provided in large single en-suite bedrooms. The centre has ample communal space with numerous dining rooms, sitting rooms and lounges throughout both floors that accommodate residents. A reminiscence room, a sensory room, an aromatherapy room and physiotherapy room and hair salon are all located within the centre. A large balcony is located on both floors, where flowers, herbs and vegetables are being grown by residents. There is a large church where Mass is celebrated daily. Outdoor space in the form of enclosed gardens and seating areas to the front and rear of the building are available for resident and relative use. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The person in charge lives in the centre and is on call as required. The nurses are supported by care staff, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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
Tuesday 17 September 2024	09:10hrs to 16:50hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspector was that they greatly liked living in St Joseph's Home. Residents spoken with were highly complimentary of the centre and the care they received. One resident summed up their feelings, telling the inspector, "it's superb here". When it came to the staff that cared for them, the residents informed the inspector that the staff were kind and caring. Visitors who spoke with the inspector described the service as "amazing" and "incredible". They referred to the high level of care and treatment received by their loved ones and the effective communication between staff and family members. Overall, resident and visitor feedback captured the person-centred approach to care and attention provided in the centre, where every resident was supported to have a good quality of life by a highly dedicated staff team. The inspectors observed warm, kind, dignified and respectful interactions with residents throughout the inspection day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

The inspector arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspector chatted with many residents and some visitors to gain insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

The purpose-built premises are set across five floors. The lower ground floor contained staff facilities, laundry, storage, and technical services, such as the plant room and comms room. One enters the centre via a spacious entrance foyer on the ground floor. The ground floor has ample communal space, including numerous private sitting rooms, a library, a music room, a sensory room, a large chapel, a concert hall and a large dining room. There are also multiple service areas on the ground floor to cater to resident needs, such as a shop, tea rooms, arts and crafts room, physiotherapy room, chiropody room, GP room/surgery, and a hair salon. Resident accommodation occupies the first and second floors. The first floor, Lourdes Unit, has accommodation for 22 residents. The second floor, Fatima Unit, has accommodation for 26 residents. Lourdes and Fatima Units also have communal areas for residents, including a central seated area with an adjoining terrace balcony, dining rooms and resident lounges.

The third floor is not part of the designated centre and is private accommodation for members of the provider's religious order, the Little Sisters of the Poor. The centre is also adjoined by 22 independent living apartments on the ground and first floors operated by the provider, and accommodation for members of the provider's religious order is on the second floor.

Internally, the centre's design and layout supported residents in moving around as they wished, with wide corridors, sufficient handrails, and comfortable seating in the

various communal areas. Stairs and passenger lifts facilitated resident travel between the floors. The centre was bright, airy, pleasantly and thoughtfully decorated throughout. Photograph collages were on display in multiple locations, celebrating resident activities. The ground floor GP room, tea room, shop and art and crafts room had traditional and colourful shop fronts to replicate a village atmosphere for residents. The numerous private sitting rooms for resident use were bright and spacious with comfortable seating, attractive furnishings and domestic features, such as fireplaces, delph dressers, bookshelves, clocks and lamps, which provided a homely environment for residents. The centre was seen to be very clean throughout and in very good repair.

Within the centre were 48 single bedrooms with en-suite facilities, including a shower, toilet, and wash hand basin. Bedroom accommodation was spacious, with ample storage space for residents' clothing and possessions. Bedrooms contained a large four-door wardrobe, locked storage, comfortable seating, call bell facilities, and a television. Residents had personalised their bedrooms with photographs, artwork, religious items, ornaments and furniture from home, including bookcases and armchairs. The temperature within each bedroom was thermostatically controlled.

There was an onsite laundry service where residents' personal clothing was laundered. This area was observed to be clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process.

A small number of residents chose to smoke. The centre had a designated smoking lounge on the ground floor containing protective equipment, such as a call-bell, smoking apron, ashtrays, fire blanket and fire extinguishers.

Outside the centre was a pleasant and well-maintained secure garden on the lower ground floor with comfortable seating, flowers and plants. There were also well-maintained landscaped grounds around the centre, with trees, flowers, shrubs, and level tarmac pathways for residents to stroll.

There was a relaxed and unhurried atmosphere in the centre. On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. Daily mass took place in the centre's chapel at 10:30am. Numerous residents attended the chapel or viewed the mass from the first-floor balcony area. Other residents participated in mass from the comfort of their bedrooms as it was also broadcast on the television. There was a facilitated consultation with residents on their experience of residential care in the concert hall at 11:30am, followed by lunch at 12:00pm. After lunch, there was music in the sunshine at the front of the centre in the early afternoon. Those residents not involved in group activity were seen to relax in their bedrooms, knitting, listening to the radio, doing puzzles, or reading newspapers and books according to their preferences. Two residents were seen attending the arts and crafts room to view the works on display and engage in crafts independently. Other residents visited the centre's onsite shop, where food, drinks, toiletries and other comforts were available.

Residents had access to radios, television, a computer and internet services. There were arrangements in place for residents to access advocacy services. Residents

could receive visitors in the centre within the multiple communal areas or in the privacy of their bedrooms. Roman Catholic Mass was celebrated daily in the centre's chapel.

Lunchtime at noon was a sociable and relaxed experience, with residents eating in the various dining rooms. On the ground floor, residents of the centre chatted with their friends from the adjoining independent living apartments, who had lunch at the centre. In the Fatima and Lourdes dining areas, staff provided discreet and respectful assistance where required. Meals were freshly prepared onsite in the centre's kitchen. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and throughout the day. Residents spoke positively to the inspector about food quality, quantity and variety.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was a well-run centre with established systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan. The registered provider had progressed with the compliance plan from the February 2023 report in relation to Regulation 29: Medicines & pharmaceutical services. Following this inspection, some further actions were required concerning care planning, healthcare, governance and management, fire precautions and medication management.

Little Sisters of the Poor is the registered provider. The provider operates two other designated centres in Ireland, overseen by a board of management consisting of three religious sisters. The person in charge, a registered nurse, also represents the provider for regulatory matters. Within the centre, a clearly defined management structure operates the service day-to-day. The person in charge has overall accountability for all aspects of governance and management for the designated centre. The person in charge is supported in their role by two assistant directors of nursing, a clinical nurse manager, a building services manager, a team of nurses, non-nursing unit sisters, healthcare assistants, catering, housekeeping, laundry,

maintenance, activity coordinators, human resources, and administration staff.

The provider had management systems to monitor the quality and safety of service provision. A documentation review showed clear governance arrangements, such as monthly clinical governance meetings, nurse clinical meetings, and fire safety team meetings.

The provider had an audit schedule examining key areas, including falls, nutrition, care planning, medication management, restraint and pressure ulcers. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them. The provider had a risk register for monitoring and managing known risks in the centre.

The provider also had systems to oversee accidents and incidents within the centre. Incidents, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames. Notwithstanding these good practices, this inspection found that some areas of oversight needed to be more robust to effectively identify deficits and risks in the service and drive quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents and families reflected in the review.

The provider had sufficient staff on duty to meet the assessed needs of residents. Staff spoken with were clear about roles and responsibilities. The records reviewed found staff had access to training to support them in their roles and were appropriately supervised. The provider had a comprehensive suite of policies and procedures to guide staff practice as required by the regulations.

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. Two registered nurses worked in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that newly recruited staff had received an induction covering key aspects of care and procedures in the centre, including health and safety, fire

<p>safety, infection control, safeguarding vulnerable adults, policies and records management. This induction was followed by a performance review process facilitated by the relevant line manager to develop staff member competencies in performing their role. Staff had access to training appropriate to their role. Staff had completed training in safeguarding, responsive behaviour, manual handling and medication management. Gaps in fire safety training are addressed under Regulation 28: Fire precautions.</p> <p>Staff were appropriately supervised and clear about their roles and responsibilities.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, these systems required strengthening as they were not fully effective in identifying risks and driving quality improvement in areas such as individual assessment and care planning, healthcare, fire precautions and medicines and pharmaceutical services, as found on inspection day.</p>
Judgment: Substantially compliant
Regulation 31: Notification of incidents
<p>Arrangements for recording accidents and incidents were in place and were notified to the Office of the Chief Inspector as required by the regulations.</p>
Judgment: Compliant
Regulation 4: Written policies and procedures
<p>The policies required by Schedule 5 of the regulations were in place, updated in line with regulatory requirements and made available to staff in the centre.</p>
Judgment: Compliant
Quality and safety

While the inspector observed kind and compassionate staff treating the residents with dignity and respect, some actions were required concerning individual assessment and care planning, healthcare, fire precautions and medicines and pharmaceutical services.

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months. Notwithstanding these areas of good practice in care planning, action was required to ensure resident and family involvement in care plan reviews, which will be outlined under Regulation 5: Individual assessment and care plan.

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapy, occupational therapy, speech and language therapy and palliative care services. Notwithstanding this good practice, the inspector found that some action was required to ensure residents had access to additional professional expertise and a high standard of evidence-based nursing care. This will be discussed under Regulation 6: Healthcare.

The provider had robust fire safety processes in place. Preventive maintenance for fire detection, emergency lighting and fire fighting equipment was conducted at recommended intervals. Each resident had a personal emergency evacuation plan to guide staff in an emergency requiring evacuation. Where a resident required an evacuation aid, this was seen to be in place in their bedroom, and further evacuation aids were seen to be located in each stairwell. The procedures to follow in the event of a fire were clearly displayed on corridors, and staff spoken with were knowledgeable about these procedures. There was a system for daily and weekly checking of the fire alarm, means of escape, fire safety equipment, and fire doors. Laundry records of lint removal were available for review. All doors to bedrooms and compartment doors had automated closing devices. A number of fire doors were checked on the inspection day and found to be in good working order. The inspector checked the fire escapes and found them to be unobstructed. The centre had a small number of residents who chose to smoke. The designated smoking area had the necessary protective equipment, including a call bell, fire blanket, fire extinguisher and fire retardant ashtray. Notwithstanding these good practices, some further actions were required to ensure that residents and staff were adequately protected in a fire emergency. These findings are set out under Regulation 28: Fire precautions.

Medication administration was observed and the inspector found that nursing staff adopted a person-centred approach. The inspector noted that the medication trolley was secured at all times. Medicines were suitably recorded as administered in the medication administration records following administration to residents, in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais. Robust measures were in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. Notwithstanding these good practices, further oversight of medication administration and storage was required to ensure that best-practice guidance and the provider's policies for medication

management were followed.

Regulation 10: Communication difficulties

Residents with communication difficulties had their communication needs assessed and documented. Staff were knowledgeable about the communication devices used by residents and ensured residents had access to these aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had multiple suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property and possessions. Residents had ample space to store and maintain their clothing and possessions. Residents had access to lockable storage facilities in their bedrooms for valuables. The centre had a tidy, well-organised onsite laundry for the laundering of residents' clothing and the centre's linen. Residents were complimentary about the laundry service received in the centre.

Judgment: Compliant

Regulation 17: Premises

The internal and external premises were maintained to a very high standard. The centre's design and layout were suitable for its stated purpose and met residents' individual and collective needs in a homely way that promoted independence. Residents had access to a secure internal garden, pleasant grounds to stroll and

multiple communal and private spaces for their use.
Judgment: Compliant
Regulation 20: Information for residents
A guide for residents was seen in each resident's bedroom. This guide contained information about the services and facilities provided, including the complaints procedures, visiting arrangements, social activities, and many other aspects of life in the centre.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
The inspector reviewed records of residents transferred to and from hospital. Where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. Upon the resident's return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Transfers to the hospital were discussed, planned and agreed upon with the resident and, where appropriate, their representative.
Judgment: Compliant
Regulation 28: Fire precautions
<p>While systems were in place to protect residents against the risk of fire, the oversight of fire safety within the centre required review as the provider had not identified and managed some of the risks found on inspection.</p> <p>The registered provider did not make adequate arrangements for staff in the centre to receive suitable training in fire prevention and emergency procedures, for example:</p> <ul style="list-style-type: none"> • The inspector found no records of staff training in fire safety for four staff members, while 35 staff members, representing 40% of the current staff cohort, were overdue for annual mandatory fire safety training. Some staff had not received fire safety training in over two years. <p>While the registered provider had made arrangements for staff in the centre to</p>

receive training in evacuation procedures, further assurances were required to assure the provider that residents could be evacuated in a safe and timely manner in the event of a fire emergency, for example:

- The fire drills reviewed by the inspector for 2023 and 2024 had not simulated a complete compartment evacuation to provide assurance the area would be evacuated in a timely way, if required..

The registered provider's arrangements for maintaining means of escape required review, for example:

- Five emergency escape routes from the lower ground floor led into the centre's courtyard area. The courtyard was secured with a padlocked gate. Staff confirmed the key for the padlock was held at the centre's reception and in the staff dining room, meaning that staff would have to re-enter the building to access the padlock key to provide escape from the courtyard.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

While good practices were observed concerning medication management procedures, further oversight of medication administration and storage was required to ensure that best-practice guidance and the provider's policies for medication management were followed.

The system of transcribing prescribed medications required strengthening to ensure that medications were correctly administered and to avoid potential errors occurring, for example:

- Some gaps were noted whereby transcribed medications were not double-checked and co-signed by a second nurse as outlined in the provider policy.
- A medication kardex, which documented medications as having commenced in June 2024, had not been signed by a doctor as outlined in the provider's policy.

The storage of medicinal products required review as oral nutritional supplements were observed to be stored in an unlocked cupboard in the residents' dining room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While comprehensive person-centred care plans were developed, based on validated

risk assessment tools, and reviewed at required intervals, action was needed to ensure consultation with the resident and, where appropriate, their family when care plans were reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

Notwithstanding residents' access to a range of healthcare professionals, action was required to ensure that all residents had access to appropriate healthcare as outlined within their care plan prepared under Regulation 5 and a high standard of evidence-based practice. For example:

- The inspector reviewed the records of three residents who had an unwitnessed fall. The inspector found that for two of the falls, there was no record of neurological observation assessments monitored and documented in line with the centre's policies. In the third set of records, the neurological observation assessments were not completed at required intervals. Neurological observations allow for early identification of clinical deterioration and timely intervention.
- Two residents who had been prescribed oral nutritional supplements for a specified reason and timeframe did not have timely access to a dietitian or other specialist review of the ongoing requirement for these supplements now that they were assessed as overweight.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected. The centre had daily Roman Catholic Mass in the chapel. Residents could communicate freely and had access to telephones, an onsite computer and internet services throughout the centre. Residents also had access to independent advocacy services.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Home OSV-0000245

Inspection ID: MON-0044792

Date of inspection: 17/09/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As detailed in the report, inspectors found the centre to be well-run with established systems to monitor the quality of care and support provided to residents. However, to come into compliance with Regulation 23, issues raised are outlined below in the compliance plan. This includes future assessment and care plan reviews consisting of documenting the participation of residents and/or their representatives, as appropriate, in the process. Arrangements have been made for fire safety training to be delivered over a six-week period and to be completed by week ending 10th November 2024. Going forward the training matrix will be monitored by the human resource person on a weekly basis to ensure those staff needing training will be scheduled for same within reasonable timeframes of the expiry date of their previous training. The key to the padlocked gate on the lower ground floor is now held in a metal box beside the gate. Fire drills will now include simulation of compartment evacuation, and the nature of the evacuation simulation will be documented on the fire drill form. The form has also been updated to include the number of persons evacuated and the type of equipment used during the simulation e.g. ski sheet, wheelchair and so on.</p> <p>Nursing staff have been provided with education and a written protocol to guide them on care of a resident following a fall including when and how often to complete neurological observations. The use of oral nutritional supplements will be reviewed monthly when each resident's weight and malnutrition core have been calculated, and referrals will be made to the dietician for those residents that are assessed as being underweight or overweight. Auditing of medication management practices will continue in the centre and will include the auditing of transcribed prescriptions. A lock has now been placed on the cupboard housing oral nutritional supplements in the dining room and the key held by the nurse on duty.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - All fire training records have been reviewed and staff in need of training have been identified. - A plan has been put in place by the fire safety officer to provide mandatory fire training to identified staff over a six-week period. - A complete evacuation of the largest compartment on both units has been organized by the fire safety officer within this six-week time frame. This date is 16/10/2024 @ 3pm and 2000hrs. - Pad locked gate in the center's courtyard: Now has a key retaining box to the right of the gate for use in the event of an evacuation. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> - Going forward all transcribed medication on the kardex must be double checked and co-signed by CNM on duty / ADON on duty. - In future it will be the responsibility of the CNM/ ADON to ensure all kardex's are signed by GP. - All nutritional supplements are now stored in the locked unit surgery and the surplus is stored in the surgery store on the ground floor. It will be the responsibility of the CNM to manage the distribution of these supplements as required. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> - Staff have been made aware that when person - centered care plans are being reviewed staff must involve the resident where possible and speak with families to ensure that they are happy and satisfied with the proposed care being provided. - This has also been added to the agenda for nurses meeting due to be held on 03/10/2023 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> - In the event of future falls staff have been directed and reminded that the following observations are required: 30 minute observations x 2 hours, hourly observations x 4 hours, 2 hourly thereafter for remaining 24 hours. - To facilitate and guide staff in this procedure, an A4 sheet outlining the guideline in line with the policy has been prepared and displayed in the nurse's station on each unit. - The key worker for each resident has been reminded that it is their responsibility to ensure that residents are given nutritional supplements only as prescribed. - The key worker for each resident will be reminded by CNM when monthly / fortnightly / weekly weights are due to review past weights and should a dietician review be necessary to contact CNM/SSN regarding same. - This has also been added to agenda for nurses meeting to provide clarification and understanding regarding this matter. 	

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 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.	Substantially Compliant	Yellow	15/11/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/10/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures,	Substantially Compliant	Yellow	15/11/2024

	including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch 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.	Substantially Compliant	Yellow	15/11/2024
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	01/10/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice	Substantially Compliant	Yellow	01/10/2024

	provided by that resident's pharmacist regarding the appropriate use of the product.			
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.	Substantially Compliant	Yellow	01/10/2024
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.	Substantially Compliant	Yellow	01/10/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a	Substantially Compliant	Yellow	01/10/2024

	resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
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