



**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:	Ave Maria
Name of provider:	Cummer Care Limited
Address of centre:	Tooreen, Ballyhaunis, Mayo
Type of inspection:	Unannounced
Date of inspection:	14 December 2023
Centre ID:	OSV-0000315
Fieldwork ID:	MON-0040336

About the designated centre

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

Ave Maria Nursing Home is a purpose built single storey building, registered to provide care for 41 residents. The designated centre is family run and is located in a small country village. The centre is surrounded by mature gardens some of which are laid out with seating areas and vegetable gardens. The provider's dogs visit the centre every day and are enjoyed by the residents. All resident bedrooms are well laid out and have an en-suite bathroom facility.

The centre provides care to residents over 65 years with chronic illness, residents living with dementia and those requiring end of life care. The philosophy of care at Ave Maria Nursing Home is to create a home away from home environment, to deliver person centred care to each individual resident, in a comfortable, safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
--	----

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
Thursday 14 December 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

Overall, the inspector observed that residents enjoyed a good quality of life and were generally happy with their life in the centre. However, this inspection found that improvements were required to ensure that all residents received appropriate support to make choices about aspects of their daily lives including menu options and social activities and that these choices were followed up by staff. Furthermore the inspector found that some residents who exhibited responsive behaviours were not adequately supported by staff when they became anxious or agitated, due to insufficient numbers of staff on duty.

This was an unannounced inspection. Throughout the day of the inspection, the inspector met with residents and staff, observed life in the centre, staff practices and staff interactions with the residents. The person in charge was not present in the centre when the inspector arrived but they attended the centre after a short period later that morning. An introductory meeting was held with the person in charge, followed by a walkabout of the premises. This gave the inspector the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. During this time, the inspector observed a number of residents were being assisted to the dining room, while other residents were watching television in the communal sitting rooms.

Ave Maria Nursing Home provides long term and short term care for up to 41 residents. The inspector communicated with a number of residents and a small number of resident's visitors. Residents' visitors spoke positively of the nursing home and described the centre as a "home from home".

During the morning of the inspection, the inspector observed that twelve residents sitting in one of the communal rooms. There were no staff in the room with these residents during this period of time as staff were busy assisting other residents with their toileting needs. The inspector observed one resident who appeared to be in physical discomfort calling for a nurse and another resident was requesting assistance to go to the bathroom. There were no staff available in the room to respond to these requests for support. Another resident was exhibiting a responsive behaviour and was repeatedly calling out for help. This appeared to be distressing some of the other residents sitting nearby. When the inspector spoke to this resident, their interaction appeared to deescalate this verbal responsive behaviour and the resident became less agitated and stopped calling out. The inspector sought staff to come to attend to the residents.

One resident told the inspector "there are no staff in here" and described the room as being "very noisy".

On the day of the inspection, an activity coordinator was present in the centre and the inspector observed activities including bingo taking place during the afternoon of the inspection. However, the activity coordinator was also allocated to supervise

residents in three separate communal areas which did not ensure that each of these areas was adequately supervised by staff. In addition, the allocation of one activities co-ordinator to provide activities for 38 residents and provide support and supervision of all residents using the communal areas was not adequate and did not ensure that all residents were provided with the opportunity to participate in meaningful activities in line with their interests. Furthermore, the inspector observed that residents who spent a lot of time in their bedrooms had little to no meaningful interaction with staff outside of care interventions and meal times.

Most staff interactions were respectful; however, during the latter part of the day, the inspector observed a staff member interacting with a resident who was expressing a wish to go outside. The staff member told the resident that they "could not go outside" and that they "must sit down". The staff member did not make any attempt to take the resident outside in line with their request and did not provide any explanation as to why the resident's request could not be facilitated. This was an overly restrictive practice which did not uphold the rights of the resident involved.

During mealtime, residents appeared to socialise well together. Meals were served in the dining room and in two of the large communal areas. The inspector observed that meals were served on small side plates, rather than standard dinner plates. The portions of food provided were small. This was discussed with staff and it was evident that these portion sizes did not reflect each resident's dietary needs or preferences. Furthermore, the high dependency residents who were eating their lunch in the large communal area were not offered a choice in what they would like for dinner. The inspector observed staff transferring meals from a trolley and placing the meals in front of residents or assisting them to eat. When the inspector asked staff how they were aware which choice of meal the resident wanted, they were told the residents are given "whatever comes on the trolley." Furthermore, the majority of the meals being provided to these residents had been modified in line with each residents' specific dietary needs. This made the items on the plate difficult to recognise visually which meant that it was even more important that the residents were told what the meal choices were and their preferred choice provided for them.

The inspector observed that staff were not easily identifiable as they wore a mixture of coloured uniforms and some staff had not been provided with name badges. The inspector observed that one member of staff was wearing a name badge from a previous role in a hospital, identifying them as a senior member of staff which was inaccurate.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Alcohol hand gel dispensers were available for use on the corridors and the majority of staff were seen to use good hand hygiene techniques.

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

Capacity and capability

This inspection found that more focus and resources are now required to bring the centre into full compliance with the regulations and to ensure that the care and services are delivered to residents in line with the provider's statement of purpose for the centre. Management and oversight systems in place in the centre are not effective in ensuring that residents receive a safe and consistent service in line with their assessed needs.

The provider is now required to provide an appropriate level of staffing in the centre. Furthermore, improvements are required to the support and training available to staff working in the centre to ensure all staff are adequately trained to support those residents who may display responsive behaviours. (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.)

This inspection found that although staff were trained in the safeguarding of vulnerable adults, the provider had not ensured that all staff had the appropriate knowledge and skills to recognise and report safeguarding concerns or incidents. As a result some incidents were not reported and followed up promptly and effectively to ensure that all residents were protected

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to follow up on concerns that had been received in relation to the care and nutritional requirements of residents living in the designated centre and the systems that were in place to protect residents from abuse. This inspection validated the concerns raised in relation to the quantity of food provided to residents and found that improvements were required to ensure all residents were adequately protected from abuse.

Cummer Care Limited is the registered provider of Ave Maria Nursing Home. The person in charge is supported by a clinical nurse manager who deputises for the person in charge when necessary. A team of nursing staff, including health care assistants, an activity co-ordinator, household, catering and maintenance staff make up the full complement of the staff team.

This inspection found that the provider had not ensured there were sufficient staff on duty with the appropriate skills to meet the needs of all residents living in the centre.

There were management systems in place to oversee the service and the quality of care, which included regular management meetings and a programme of auditing in clinical care and environmental safety. Although there was oversight of risks in the designated centre and these were discussed in senior management meetings, the inspectors found a number of risks which had not been identified or addressed by the provider. For example, the inspector found that risks in relation to residents'

access to healthcare and the protection of residents from the risk of abuse had not been addressed and the provider had not put an appropriate action plan in place.

The inspector reviewed the staff training records and observed staff practices on the day. The inspector found that there were a number of training deficits in respect of mandatory fire safety training. Inspectors' observation also identified that staff were not appropriately trained in the management of responsive behaviours. This is detailed under Regulation 7.

Regulation 15: Staffing

The staffing numbers on the day of this inspection were not adequate to meet the needs of the residents or for the size and layout of the building. For example;

- On the morning of the inspection, the inspector observed that there were no staff available to supervise and support residents in one of the communal day rooms for an extended period of time and as a result residents who required assistance were not promptly attended to. The staff that were on duty were busy attending to residents in their bedrooms.
- A member of staff was also allocated to the supervision of residents in three separate communal day rooms for the morning of the inspection. A review of rosters and staff allocation sheets found that one member of staff was allocated to support and supervise all residents sitting in these three separate rooms on a number of days throughout the previous week.
- There was one activities coordinator available for 34 residents. Furthermore, they had additional duties allocated to them which further reduced the time they had available to provide activities for the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The oversight of staff training was not robust and did not assure the inspector that staff had access to appropriate training in line with their roles.

A review of the training records for staff found that there were significant training gaps in the following areas:

- Fire safety training
- Management of responsive behaviours

Judgment: Not compliant

Regulation 23: Governance and management

Improvements were required in the governance and management of the centre. This was evidenced by

- the management systems in place were not effective to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was particularly evident in the oversight of staffing, training, healthcare, care plans, protecting residents from abuse and the management of responsive behaviours.
- the provider had not ensured there were sufficient staffing resources in place to ensure the effective delivery of care. The lack of sufficient staffing resources was a repeated non compliance from the last inspection in April 2023.

Judgment: Not compliant

Quality and safety

While residents who spoke with the inspector said that they are satisfied with the service provided, the inspector found that significant improvements were required to ensure that all residents received safe and appropriate care in line with their assessed needs and preferences for care and daily routines.

In particular, improvements are required in relation to residents' access to healthcare, care planning, safeguarding residents, choices in relation to food at meal times, the management of responsive behaviours and residents' rights, including ensuring that all residents social activity needs are met.

The centre had an electronic resident care record system which was not user friendly and difficult to navigate. Assessments were completed in a timely manner when a resident was admitted to the centre. Each resident had a care plan in place however, some care plans lacked sufficient detail to guide staff in the delivery of care and two of the care plans reviewed were not up to date and did not reflect the residents' current needs.

The inspector observed that some staff did not demonstrate appropriate knowledge of how to support those residents who were exhibiting responsive behaviours. The inspector found that this led to some staff using overly restrictive practices to manage residents who displayed responsive behaviours. This concern was further compounded by the gaps in the staff training of the management of responsive

behaviours as discussed under Regulation 16.

A review of residents' records found that residents did not have access to consistent reviews by a General Practitioner (GP). While residents had good access to most other allied healthcare professionals such as physiotherapy and dietetics, the inspector was not assured that all residents had timely access to specialised medical treatment or chiropody.

The inspector observed residents eating lunch and socialising with other residents. Observations on the day of the inspection found that residents did not have appropriate choice at mealtimes and were not offered adequate quantities of food.

Measures in place to safeguard residents from abuse were not adequate. This was evidenced when a resident reported an incident of alleged abuse to a member of staff who did not recognise the incident as a potential safeguarding concern and as a result no actions were taken to report and investigate the concern and ensure this resident and all residents were protected. Furthermore, when the provider was made aware of the allegation their own procedures failed to recognise the safeguarding concerns reported by the resident.

Residents had access to local television, radio and newspapers. There was evidence of residents' meetings, which sought feedback on areas such as activities. Residents had access to religious services and were supported to practice their religious faiths in the centre.

There was an activities programme in place; however, action was required to ensure that all residents were provided with sufficient opportunities to participate in activities that were in line with their interests and capacities.

Regulation 18: Food and nutrition

Residents were not offered appropriate choice in relation to their meal time options. This was evidenced by:

- Residents who were higher dependency were not offered a choice in relation to their meal. Furthermore, when the modified meals were provided, the inspector observed that residents were not told what the meal contained and as a result residents did not know what they were being served..

Residents were not offered adequate quantities of food on the day of the inspection. This was evidenced by:

- The inspector observed that residents were offered very small portions of meat and vegetables for their main meal on the day of the inspection. This meal was provided on a side plate rather than a dinner plate for all

residents. There was no evidence that the portion sizes were in line with resident's needs or preferences. Staff confirmed that this was their general practice for serving all residents' meals.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning required improvement to ensure each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following:

- Care plans were not updated appropriately to ensure that outdated information which was no longer relevant had been removed.
- Some behavioural support care plans did not adequately detail behaviours exhibited or de-escalation strategies to guide care delivery and ensure that any responsive behaviours were managed and responded to in the least restrictive manner, while ensuring the safety of all residents.

Judgment: Substantially compliant

Regulation 6: Health care

While residents had access to a number of allied health care professionals, the inspector found that not all residents had access to chiropody services. This inspection found that one resident had not been provided with access to a chiropodist since July 2023.

Access to specialist medical care was available however the inspector found that there had been an unexplained delay in referring one resident for medical review.

Furthermore, the provider had not ensured that residents had appropriate access to a general practitioner (GP) of their choice to ensure their medical needs were reviewed regularly or if there was a change in their condition.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

One staff member did not demonstrate appropriate knowledge and skills to respond to a responsive behaviour which the inspector observed on the day of the inspection. This meant that some staff practices were overly restrictive and did not uphold the rights of the resident involved. For example;

- A member of staff was overheard telling a resident that they could not go outside and to sit down

Judgment: Substantially compliant

Regulation 8: Protection

The provider had failed to take all reasonable measures to protect residents from abuse. This was evidenced by:

- One member of staff had not recognised and reported a potential safeguarding incident that was reported to them by a resident.
- This allegation was subsequently reported to the Office of the Chief Inspector as information of concern. The provider was informed that an allegation of safeguarding concern had been made and the provider carried out their own investigation. On speaking with the provider and reviewing the records relating to the provider's own investigation into the allegation the inspector found that the provider had failed to recognise the allegation as a safeguarding concern even when staff confirmed what the resident had reported to them.

Judgment: Not compliant

Regulation 9: Residents' rights

The systems in place to ensure compliance with Regulation 9 did not ensure that residents' rights were upheld in all areas. For example;

- there was a lack of resources to offer all residents the opportunity to participate in activities in accordance with their interests and capabilities. Although an activity coordinator was on duty on the day of the inspection, this person was also assigned to the supervision of three separate communal day rooms. This significantly limited the number of residents the member of staff was able to facilitate activities for and did not ensure that all residents had access to a meaningful activities programme.

- inspectors observed a basket of communal socks and underwear which was stored in the laundry. This was not appropriate and did not ensure the dignity of residents.
- residents who had chosen to spend the day in their bedrooms told the inspector that they did not know what activities were taking place on the day of the inspection and interaction with these residents were found to be task oriented. This did not ensure that these residents had access to meaningful social interactions and activities in line with their capacity and preferences.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 18: Food and nutrition	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ave Maria OSV-0000315

Inspection ID: MON-0040336

Date of inspection: 14/12/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: When planning rota, staffing resources are based on the resident’s dependency levels using Barthel Index for Activities of Daily Living and Rhys Hearn safe-staffing tool although the research from Queen’s university Belfast made in 2017 (Mitchell, G., Cousins, C., Burrows, R., Cousins, G- A review of safe staffing models and their applicability to care homes) is suggesting that it is not a safe practice to base care of any residents solely on the calculations of a safe- staffing tool, no matter how robust. After inspection, allocation form was changed and 1 person is allocated for supervision in the day room and CNM is monitoring foyer area during morning time. PIC had meeting with CNM’s who are preparing daily allocations to ensure same is done in the most effective way. Ave Maria nursing home appointed new activity coordinator and our activities program is currently under review to ensure variety of group and one-to-one activity.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire training provided on 05/12/2023 and 10/01/2024 to ensure all staff had opportunity to attend. All staff did safeguarding training on HSEland and session was held on site on 21/02/2024. All staff did management of responsive behaviours on HSEland. Training matrix reviewed and updated. All staff certificates for mandatory trainings were obtained. Appraisals are currently being conducted and based on the findings of the areas where staff needs additional support or by their preferences which can enrich their professional development and beneficial to our nursing home, additional trainings will be planned.</p>	

--	--

Regulation 23: Governance and management	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The management structure has clearly defined lines of authority and accountability. PIC is supported by 2 CNM's working full time to ensure Management presence in the centre across 7 days in a week. Monitoring systems in place were reviewed and changes were implemented in areas such as audits, risk management, training and development, care planning, safeguarding, complaints, healthcare. Findings from Residents satisfaction questionnaires that were conducted at the end of 2023 and resident's meetings which are held every 2 months are mostly positive. Residents are supported and encouraged to raise and issues and same is resolved in a timely manner and to residents' satisfaction. Ave Maria nursing home has open door policy and visitors are encouraged to visit at any time during the day. In 2023 we had only 1 formal complaint lodged and was resolved positively.

On the day of inspection, there was 6 Healthcare assistants working different hours during the day and activity coordinator who supported HCA's during busy period in the morning. Staffing resources were based on the resident's dependency levels using Barthel Index for Activities of Daily Living and Rhys Hearn safe-staffing tool. Gaps identified on the day of inspection in relation to effectiveness of care delivery are reflecting lack of effective communication between staff and between departments. Management is monitoring daily allocations and adherence to same and is promoting effective and open communication by conducting daily huddle. Any situation that occurs which we can use as a learning experience is shared with all staff.

Regulation 18: Food and nutrition	Not Compliant
-----------------------------------	---------------

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Findings from the inspection were discussed on the general staff meeting and on few separate occasions with the staff from kitchen department. New set of plates was purchased. Nutrition folder is currently being updated and will contain information on the residents' nutritional needs and preferences. Portion sizes were discussed with the residents and Chefs to ensure residents preferences are respected. Monthly nutritional audit is being conduct to ensure indicators such as weight are being monitored and any changes related to nutrition are discussed with residents, GP's and referred to dietitians or SALT if required. The IDDSI framework was discussed with the chefs and training needs analyzed. Additional training for chefs will be provided. Changes were implemented to ensure mealtimes are pleasant experience for all residents. Daily menu is

visibly displayed in different areas in the nursing home. Residents' daily preferences for dinner and tea time are recorded during morning tea round and residents are aware that any change to their order will be accommodated. Provider is looking into purchasing picture menu board with menu cards. Management team is observing mealtimes and every effort is made to rectify any issues immediately.

Regulation 5: Individual assessment and care plan	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 When planning rota, staffing resources are based on the resident's dependency levels using Barthel Index for Activities of Daily Living and Rhys Hearn safe-staffing tool although the research from Queen's university Belfast made in 2017 (Mitchell, G., Cousins, C., Burrows, R., Cousins, G- A review of safe staffing models and their applicability to care homes) is suggesting that it is not a safe practice to base care of any residents solely on the calculations of a safe- staffing tool, no matter how robust. After inspection, allocation form was changed and 1 person is allocated for supervision in the day room and CNM is monitoring foyer area during morning time. PIC had meeting with CNM's who are preparing daily allocations to ensure same is done in the most effective way. Ave Maria nursing home appointed new activity coordinator and our activities program is currently under review to ensure variety of group and one-to-one activity.

Regulation 6: Health care	Not Compliant
---------------------------	---------------

Outline how you are going to come into compliance with Regulation 6: Health care:
 Management reviewed practices in place around referring residents to different service providers in a timely manner. Monthly audit was conducted to ensure all residents needs are recognised and responded to in a timely manner and same is followed up by the nursing/ Management team.
 In relation to the resident in question on the day of inspection, her case was discussed again with the GP and her family. She attended the appointment and medical procedure was done shortly after.
 Director Kenny Feeney met GP's in person during December 2023 where he discussed in details nursing home needs and expectations. All GP's spoken to agreed to provide their services in accordance with regulation.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>All staff undertook management of responsive behaviour training on HSEland. Findings from inspection discussed at the staff meeting. Care plans were reviewed and information updated accordingly. Management is observing interactions between staff and residents to determine whether staff is adequately recognizing behaviours that are challenging and how are they supporting the residents. PIC is seeking availability for in-house training from different training providers.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>PIC and CNM have obtained the certificates as Safeguarding officers in December 2023. All staff did Safeguarding training on HSEland in 2023. and same was organized on site through HSE Safeguarding and protection team on 21/02/2024. Management is encouraging culture of openness and transparency. Residents' representatives and independent advocate are appointed and, together with the information on available advocacy services, is visibly displayed in the foyer. Residents' concerns are discussed on residents' meetings and residents are supported and listened to. All concerns and allegations are investigated in an effective manner in line with legislative. PIC is engaging on a daily basis with the residents and staff to determine their knowledge and understanding of safeguarding and escalation pathways. Registered provider has put in place additional support for staff who may have some language difficulties/ cultural differences. Safeguarding is regularly discussed on all in-house meetings. Management team is observing verbal and non-verbal interaction between staff and residents and any concerns are rectified immediately. All notifications and investigation findings were shared with Inspectors in a timely manner.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Allocation form was reviewed and changes made to ensure adequate supervision throughout nursing home with adequate staffing levels. New activity coordinator was</p>	

appointed and meaningful activities programme is under review. Plan is to create sufficient time for group activities in the day room and other communal areas and to attend to the residents who prefer to spend their day in their rooms and offer the choice to participate in the group activities or are provided with one-to-one activities as per their preferences. Clinical staff is also encouraged to have meaningful interactions with the residents throughout the day, not only task-led. Laundry nets were purchased, marked and placed in each room to minimize the risk of mixing residents' underwear and socks when sent to the laundry for washing.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/01/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	15/12/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate	Not Compliant	Orange	15/12/2023

	quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
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	01/01/2024
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	01/03/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's	Substantially Compliant	Yellow	20/03/2024

	admission to the designated centre concerned.			
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	31/03/2024
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	31/03/2024
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to	Not Compliant	Orange	15/01/2024

	that resident.			
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Not Compliant	Orange	01/01/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/01/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/03/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	10/01/2024
Regulation 9(2)(b)	The registered provider shall provide for	Not Compliant	Orange	15/03/2024

	residents opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	01/01/2024