



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

Issued by the Chief Inspector

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| Name of designated centre: | St Martha's Nursing Home |
| Name of provider: | St Martha's Nursing Home Ltd |
| Address of centre: | Glenswilly House, Cappauniac, Cahir, Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 13 June 2024 |
| Centre ID: | OSV-0005284 |
| Fieldwork ID: | MON-0042033 |

About the designated centre

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

St Martha's Nursing Home is set at the foot of the Galtee mountains. It is located four miles from the town of Cahir and five miles from the town of Bansha on the Glen of Aherlow road. The centre is registered to accommodate 26 residents. It is a two-storey building with lift and stairs access to the first floor. Bedroom accommodation comprises single and twin bedrooms. Fifteen of the twenty bedrooms have en-suite shower and toilet facilities and there are toilet and bathroom facilities adjacent to the remaining five bedrooms. Communal accommodation comprises a conservatory, two lounge areas, dining area and a visitors' room. There is an enclosed sensory courtyard with seating and an external mature garden with seating and walkways. The centre provides full-time nursing care to male and female residents requiring respite and long-term nursing care whose care needs can be met by St Martha's, including people who have been assessed as maximum dependency.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 26 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|-----------------|------|
| Thursday 13 June 2024 | 10:10hrs to 18:15hrs | Catherine Furey | Lead |

What residents told us and what inspectors observed

The overall feedback from residents and visitors who spoke with the inspector was that the management and staff of this small and homely centre were caring and kind. From the observations of the inspector, and from speaking to residents and their families, it was clear that the residents of St. Martha's Nursing Home were happy to be living there.

The inspector arrived unannounced to the centre and was met by the person in charge. Later in the morning a representative of the registered provider also came to the centre to support the inspection. The centre is registered to accommodate 26 residents and it was operating at full capacity on the day. The inspector greeted the majority of the residents throughout the day and spoke in more detail with six residents to gather their feedback about what life was like in the centre. On arrival in the morning, the inspector observed that some residents were up and dressed for the day, appearing content and relaxed. Residents were gathered in the main sitting and lounge areas and some remained in their rooms. Residents who were in their rooms told the inspector that they had chosen to stay there. Some were watching TV, reading and talking on the phone. It was clear that residents' could choose how to spend their day.

The centre is laid out over two floors, accessible via passenger lift and stairs. Residents could access the lift independently from the first floor, however on the ground floor, the entrance to the lift and stairs were located through a keypad coded door. Residents were required to know the code, or else to seek assistance from staff with this if they wanted to go back upstairs. The first floor is a smaller area which accommodates six residents in three twin bedrooms. Two of the twin bedrooms have a shared ensuite, with doors entering from both rooms. Both doors had the ability to be locked from both sides, ensuring privacy was maintained. The resident's accommodated on this floor had varying dependency levels. The inspector observed that one of the rooms on this level was not suitable for use by residents who required assistive devices such as hoists, as the size and layout of the room would not allow for resident's privacy to be maintained while operating this equipment.

The rest of the resident's rooms, both single and twin, and all of the communal living space was located on the ground floor. The communal areas of the centre were sufficient to meet the needs of the residents and included a large dining and sitting room, a smaller sitting room, a porch area and a quiet room. Residents' artwork and framed collage of photographs were displayed on the walls. All areas of the centre were nicely decorated and some residents told the inspector they loved the choice of décor and furnishings. Residents' bedrooms varied in size and shape, with some more spacious than others. Residents told the inspector that they were very happy with the layout and design of their rooms. Residents and their families were encouraged to bring their own items to personalise their space.

The main garden area was secured and required a staff member to open the door, however residents had unrestricted daytime access to the smaller enclosed sensory garden from the dining room. The main garden was well-maintained with mature and seasonal planting. The area was wheelchair-friendly and contained garden furniture for residents. Despite the poor weather on the day of inspection, meaning residents could not avail of the area, the adjacent sitting and dining room provided lovely views of the garden, extending out to the Galtee mountains in the distance. Residents told the inspector that in good weather they loved the garden, with one resident describing it as “peaceful and enjoyable”.

The inspector met with two visitors during the inspection, who had positive feedback regarding their loved one’s life in the centre, and the high level of communication from staff and management. Visitors said they trusted staff and were confident in the service provided. Residents who spoke to the inspector echoed this feedback. All were complimentary of the staff and management and it was evident that they knew each other well. Interactions between residents and staff were observed by the inspector to be respectful and kind. There was a sense of camaraderie between residents and staff and the inspector observed nice exchanges of conversation during the day.

The next two sections of the report will describe in more detail the specific findings of this inspection in relation to the governance and management of the centre, and the areas where this impacts on the quality and safety of the service provided to residents.

Capacity and capability

The management systems in the centre required some improvements to ensure the provision of a consistently high-quality service. While there was a clearly defined management structure in place, further strengthening of the current management systems was required, to ensure that risks associated with resident clinical assessment and care planning were promptly identified and addressed. Action was also required to ensure that mandatory notifications were submitted, and the complaints process updated, in line with regulatory requirements.

This was a one-day, unannounced inspection. The purpose of the inspection was to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), following an application by the registered provider to renew the registration of the centre. The information supplied with the application was verified during the course of the inspection. The centre has a history of good regulatory compliance. The compliance plan following the previous inspection in October 2023 was reviewed by the inspector. While some of the actions had been completed, new areas for improvement were identified.

The centre is operated by St. Martha's Nursing Home Limited, who are the registered provider of this designated centre. There are two company directors, one of whom is the person in charge, and both of whom are engaged in the executive management and the day-to-day running of the centre. The coordination of clinical care is managed on a daily basis by the person in charge who is responsible for the overall delivery of daily care. A local team of staff nurses, healthcare assistants, catering and domestic personnel complete the complement of staff supporting residents in the centre. Staff members spoken with told the inspector that the person in charge and company director were supportive and had a visible presence within the centre daily. The inspector found that the management team were responsive to the issues identified during the course of the inspection and were committed to improving compliance levels.

The person in charge was the only supernumerary member of clinical staff. Prior to the inspection, the person in charge had been covering additional nursing shifts due to an unexpected absence of a staff nurse. The lack of additional supernumerary hours for the person in charge meant that some areas of the governance and management of the centre were overlooked which could potentially leave the centre open to risks. The management team acknowledged this oversight and planned rosters showed that the person in charge was rostered in a predominantly supernumerary capacity going forward, which would allow for heightened oversight of all aspects of care.

The centre is registered to provide accommodation for 26 residents, and was operating at full capacity on the day of inspection. The inspector found that there was an appropriate level of clinical staff to meet the needs of the residents present during the inspection. There was a minimum of one nurses on duty over 24 hours. The levels of staff across all departments was in line with those outlined in the centre's statement of purpose.

A sample of staff personnel files reviewed by the inspector indicated that they were maintained in compliance with regulatory requirements and contained the required references and employment histories. Records viewed by the inspector confirmed that mandatory training in fire safety and safeguarding of vulnerable adults was up-to-date for all staff. Training formats were a mixture of online and in-person training. Additional important training such as moving and handling, infection control and medication management were provided according to the staff member's role.

Following the previous inspection, the provider had committed to ensuring that the complaints procedure was updated in line with the revised regulation, however this was not completed. There was a complaints policy in place which generally detailed the process and procedure to assist residents and relatives to make a complaint, however this required significant updating to come into compliance with regulatory requirements, as discussed under Regulation 34: Complaints, below.

While there was a low level of serious or concerning incidents occurring in the centre, through a review of documentation and following discussions with the

person in charge, the inspector identified that incidents which require notification to the Chief Inspector within specified timelines had not been submitted.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre. The application was submitted to the Office of the Chief Inspector in a timely manner and included the information set out in Schedule 1 of the Registration Regulations.

Judgment: Compliant

Regulation 15: Staffing

A review of worked and planned rosters provided evidence that overall staffing levels were sufficient to meet the assessed needs of the residents, and having regard for the size and layout of the centre. There was a minimum of one nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records confirmed that all staff were up-to-date with important training modules, such as safeguarding residents from abuse, infection prevention and control and fire safety. A plan for training new staff was in place. The records also showed that staff had completed supplementary training appropriate to their roles, such as medication management and dysphagia, to support them in delivering person-centred and safe care to residents.

Staff were well-supervised, and there was a specific induction tailored to each role. Annual appraisals were undertaken which provided opportunities to identify further learning opportunities.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained in paper-based format and contained all the information specified in paragraph 3 of Schedule 3 of the regulations. For example, the name and date of admission of each resident.

Judgment: Compliant

Regulation 21: Records

A sample of staff files reviewed met the requirements of Schedule 2 of the regulations. For example two references and a full employment history.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance.

Judgment: Compliant

Regulation 23: Governance and management

Some auditing of the service provided to residents was occurring, for example, the infection control and falls audits identified areas for improvement and had documented quality improvement plans. Nonetheless, the overall governance and management systems in the centre required review, to ensure that there was consistent oversight of the service provided to residents. The issues identified by the inspector had not been identified, in particular with regard to the following regulations:

- Regulation 31: Notification of incidents
- Regulation 34: Complaints
- Regulation 5: Individual assessment and care plan

The person in charge had not completed an annual review of the quality and safety of care delivered to residents in 2023, as is required by the regulation.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

An updated statement of purpose was available in the designated centre which contained the information set out in Schedule 1 of the regulations. This included the facilities in the centre, and the type of service provided. For example, the aims and objectives of the centre, and criteria used for admission.

Judgment: Compliant

Regulation 31: Notification of incidents

The required quarterly notifications for Quarter 1 2024, in respect of the number of restrictive practices in use, and the number of expected deaths which occurred, had not been submitted.

The two previous quarterly notifications were submitted late.

Judgment: Not compliant

Regulation 34: Complaints procedure

While there was a complaints procedure in the centre, it had not been updated in line with the revised regulations, which came into effect on 1 March 2023. For example, the complaints procedure did not provide for the following;

- That a review is conducted and concluded no later than 20 working days after the receipt of the request for review
- The provision of a written response
- The nomination of distinct complaints officer and review officer

The registered provider did not ensure that the centre's annual review provided a report on:

- The level of engagement of independent advocacy services with residents
- Complaints received

The registered provider did not ensure that nominated complaints officers and review officers received suitable training to deal with complaints

Judgment: Not compliant

Quality and safety

Overall, residents were supported to achieve a good quality of life in the centre, where they were treated with respect and their dignity and privacy upheld. Improvements were required in relation to residents' assessment and care planning, to ensure that these were regularly reviewed and updated in line with residents' changing needs. Aspects of the premises, infection control procedures, fire safety, food and nutrition and residents' rights also required strengthening to ensure best-possible outcomes for residents. These are discussed in the report under the relevant regulations.

The inspector reviewed aspects of a number of residents' records throughout the inspection which identified areas of poor practice related to residents' care planning and assessments. This presented a departure from the good practices seen on previous inspections. While some care plans contained detailed and person-centred information to guide the residents' care, there was significant delays in updating the care plans with new and more relevant information. The oversight of residents' documentation required strengthening to ensure good outcomes for residents.

Residents' medical needs were supported by access to General Practitioners (GP's) in the centre. There was evidence of good medical reviews and involvement of additional medical expertise through referrals to consultant psychiatry and gerontology services. Residents were supported to access appropriate national screening services such as diabetic retinopathy and cancer screening. There was a low incidence of pressure ulceration occurring in the centre, and the inspector observed pressure-relieving devices such as cushions and mattresses in use.

Overall, the main areas of centre were found to be clean. The centre's deficits in relation to infection prevention and control were generally centred around the oversight of general wear and tear to the premises and the systems around managing clinical waste, as discussed under Regulation 27: Infection control. There were good practices observed in relation to hand hygiene and the wearing of personal protective equipment (PPE). Training modules in relation to infection prevention and control were up-to-date for all staff.

Fire safety in the centre was generally well-managed and there was evidence of regular review and servicing of fire safety equipment including the fire alarm and emergency lighting system. Regular fire drills were conducted and these included resident input where possible. Personal emergency evacuation plans were in place for all residents which detailed the level of assistance and method of evacuation required to ensure safe and quick evacuation in the event of an emergency. As identified under Regulation 28: Fire precautions, some improvements were required to ensure all designated means of escape in the event of a fire were kept free from obstruction.

The inspector found that residents who required a modified diet did not always have a choice of menu at each meal time, as discussed under Regulation 18: Food and

nutrition. Residents could avail of food, drinks and snacks at times outside of regular mealtimes. There was adequate numbers of staff available to assist residents with their nutrition and hydration intake at all times. Support was available from a speech and language therapist for residents who required specialist assessment with regard to their swallowing needs, however, the specific nutrition plans prescribed following these assessments were not always followed.

The provider's arrangements to safeguard the residents in this centre were found to be satisfactory. For example, the inspector reviewed a sample of staff files and noted that vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff. There were systems in place to safeguard residents' finances in the centre.

The activities programme in the centre covered a range of diverse activities. The main activities programme was scheduled every day, based on what the residents requested. This programme was delivered by the staff on duty in the centre who ensured that there was a choice of group and individual activities on offer for all residents. Residents had access to TV, radio, newspapers and private telephone facilities. There was a good WiFi service in the centre, enabling residents use their personal devices to access the internet.

Regulation 10: Communication difficulties

Residents with communication difficulties had their communication needs assessed and documented in individualised care plans. Staff were knowledgeable about the communication needs of residents and ensured residents had access to their specific aids which enable effective communication.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property, possessions, and finances. Residents' clothing was laundered onsite, and each resident had adequate space to store and maintain their clothes and personal possessions. Residents had access to lockable storage facilities in their bedrooms for private or valuable items.

Judgment: Compliant

Regulation 17: Premises

In one twin occupancy room, the division of the floor space by the privacy curtain did not allow for each resident's personal space to include their bed, a chair, and personal storage space. The privacy curtain tightly enclosed one bedspace, and did not enclose the other.

A second twin occupancy room met the floor space requirements of 7.4m² per person, however this room was small, and would not be suitable for residents who required additional mobility or assistance aids such as hoists. The provider committed to ensuring that this was reflected in the centre's statement of purpose. The residents currently occupied in this room did not require such aids.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Choice of menu was not consistently available. For example, residents who did not require a modified diet were offered a choice of options at tea time including omelettes, sandwiches and scones. This choice did not extend to residents requiring a modified consistency diet, who were all served a bowl of custard and stewed rhubarb at tea time.

Additionally, food was not always modified to the consistency prescribed by a speech and language therapist. For example, a resident who was assessed as requiring a Level 5 (minced) consistency diet, was given a Level 4 (pureed) diet at dinner and tea time.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the discharge documentation for two residents and saw that each resident was transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the good practices seen during the inspection, some issues were identified, which were not in line with the national standards for infection prevention and control;

- there was no clinical handwash sinks in the centre, these are integral to aid in effective hand hygiene
- the management of clinical waste required review. The temporary closure mechanism was not engaged on any of the sharps bins in use. The holding container for clinical waste stored outside was not locked, and this was also in close proximity to the laundry door and the washing line. This is not in line with best practice guidance which states that these containers should be segregated and stored in a secure covered area, with access limited to staff and the general public whilst awaiting collection
- while there was a system in place to address maintenance issues, a number of the surfaces and finishes including wood finishes on doors, skirting boards, and lockers were worn and chipped and as such did not facilitate effective cleaning
- there was no documented risk assessment, or procedure, in place to mitigate the risk of Legionella bacteria by flushing of water outlets.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A designated escape route leading from the stairwell was partially obstructed by chairs and a table. Additionally, the area under the stairs was used to store boxes of equipment, and was a designated charging area for a hoist. The inspector was informed that the chairs which partially blocked the escape route were previously used by residents who smoked, and this was no longer occurring. This entire area required review and risk assessment to determine the risk associated with storage and charging of equipment.

The inspector was informed that the emergency lighting system had been upgraded throughout the centre on the days prior to the inspection. Following the inspection, the commissioning certificate for these alterations were submitted to the inspector for review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of three residents' assessment and care planning documentation was reviewed by the inspector which identified the following issues which were not in line with regulatory requirements:

Assessments and care plans were not always completed within 48 hours of a resident's admission to the centre;

- a resident had no care plan devised until one month following admission.

Assessments and care plans were not always updated within the required four-month timeline, or when there was a change in a residents' condition;

- a resident's assessments and care plans had not been updated for nine months. Additionally, this resident's risk assessment for pressure-related skin damage had not been updated for 12 months. This was despite the care plan stating that the resident had a risk of developing pressure sores
- another resident's assessments and care plans had not been updated for five months. This was despite the fact that the resident had sustained a serious injury following a fall during that time, which necessitated a change to their plan of care.

Judgment: Not compliant

Regulation 6: Health care

There were good standards of evidence based nursing and medical care provided in this centre. GP's attended the centre regularly to support the residents' needs. There was evidence of appropriate and timely referral and review by health and social care professionals such as speech and language therapy, occupational therapy and dietetic services. A physiotherapist was available to provide reviews of resident's mobility needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to ensure the safety of residents living in the centre. Training for staff in the safeguarding of vulnerable adults was up-to-date.

Judgment: Compliant

Regulation 9: Residents' rights

While it was observed that residents' rights to privacy and dignity were upheld, there was no formal consultation with residents about the organisation of the centre. Feedback was last sought through a resident's satisfaction survey in January 2023 and a family satisfaction survey in February and March 2023.

Minutes of residents meetings described in detail events taking place within the centre but did not include evidence of feedback gathered from residents about the quality of care provided, or the level of safety and comfort of residents.

Not all residents had sufficient choice at mealtimes, this is actioned under Regulation 18: Food and nutrition.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 34: Complaints procedure | Not compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Not compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for St Martha's Nursing Home OSV-0005284

Inspection ID: MON-0042033

Date of inspection: 13/06/2024

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>Annual review to be completed in Jan/Feb for year previous.2023 Annual review now fully completed.Notifications of incidents to be submitted in a timely manner in line with regulations.Person in charge to continue to monitor all services to residents through regular Auditing tools.</p> | |
| Regulation 31: Notification of incidents | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Quarterly notifications to be submitted in a timely manner in compliance with regulation 31</p> | |
| Regulation 34: Complaints procedure | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints policy to be updated in compliance with regulation 34.Complaints officer has completed suitable training to deal with complaints.</p> | |

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| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: Room to be reorganized to enable hoist use and to maintain residents privacy. | |
| Regulation 18: Food and nutrition | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 18: Food and nutrition: To adhere to swallow care plans for all residents and review as required.All residents offered choice at all meal times and all residents likes and dislikes documented on admission.All catering staff are aware of residents likes/dislikes and swallow care plans also and will continue to offer choice to all residents. | |
| Regulation 27: Infection control | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control: Clinical waste storage outside to be stored in a secure covered area and ensure lock is in place at all times.Ensure all closures on sharps bins are engaged.Risk assessment to be put in place for legionella bacteria.To continue to up keep and address all maintenance issues promptly. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: Ensure all escape routes are kept clear.Risk assessment's carried out to determine risk associated with storage of hoist. | |

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| Regulation 5: Individual assessment and care plan | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>To continue to update all care plans as required and any changes in residents condition up dated accordingly.All assessments and care plans to be completed within 48 hours of admission.</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Ensure feedback gathered from residents meeting is documented in residents meetings regarding quality of care and level of safety and comfort.</p> <p>Ensure residents surveys and families surveys are completed in 2024.</p> | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 01/10/2024 |
| Regulation 18(1)(b) | The person in charge shall ensure that each resident is offered choice at mealtimes. | Substantially Compliant | Yellow | 20/06/2024 |
| 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. | Substantially Compliant | Yellow | 20/06/2024 |
| Regulation 23(d) | The registered provider shall ensure that there | Substantially Compliant | Yellow | 20/06/2024 |

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| | is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. | | | |
| 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 | 01/09/2024 |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 01/08/2024 |
| Regulation 31(3) | The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs | Not Compliant | Orange | 20/06/2024 |

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| | 7(2) (k) to (n) of Schedule 4. | | | |
| Regulation 34(2)(d) | The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c). | Not Compliant | Orange | 01/08/2024 |
| Regulation 34(2)(e) | The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review. | Not Compliant | Orange | 01/08/2024 |
| Regulation 34(7)(a) | The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures. | Not Compliant | Orange | 01/10/2024 |
| 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 | Not Compliant | Orange | 20/06/2024 |

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| | than 48 hours after that resident's 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. | Not Compliant | Orange | 20/06/2024 |
| Regulation 9(3)(d) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned. | Substantially Compliant | Yellow | 01/09/2024 |