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:	Gahan House
Name of provider:	Graignamanagh Elderly Association Company Limited by Guarantee
Address of centre:	Gahan House, High Street, Graiguenamanagh, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	30 October 2024
Centre ID:	OSV-0000545
Fieldwork ID:	MON-0044512

About the designated centre

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

Gahan House is located in the picturesque town of Graiguenamanagh in Kilkenny. The centre is a two-storey building that is registered to accommodate 12 people with all resident accommodation and communal space on the ground floor. The management of Gahan House is overseen by a board of six directors. The centre caters for men and women from the age of 60 years. The centre manager is employed to work on a full-time basis. Residents do not require 24 hour nursing care and care is provided by a team of trained healthcare professionals with one nurse employed for 16 hours per week. According to the centre's statement of purpose, all applicants for admission must be mobile and mentally competent at the time of admission. Each resident is provided with single bedroom accommodation. Residents whose needs change and evolve will be supported to find alternative, more suitable long term care accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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
Wednesday 30 October 2024	09:30hrs to 16:35hrs	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 were happy and liked living in Gahan House. Residents spoken with were highly complimentary of the centre and the care they received. A resident described the centre as "a home from home", while another resident informed the inspector, "it's a nice place, I love it here". Regarding the care and attention received, one resident told the inspector "everything is perfect" while another informed the inspector "we are very lucky here". When it came to the staff that cared for them, residents told the inspector how lovely, kind, thoughtful, and approachable the staff and management of the centre were. Overall, resident feedback captured the person-centred approach to care and attention provided in this small and homely centre, where every resident was supported to have a good quality of life by a highly dedicated staff team. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the 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 eight residents and two 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 centre is a two-storey premises, with a staff room, office and staff bathroom on the first floor and all remaining accommodation on the ground floor. The centre is located in a quiet cul de sac surrounded by eight independent living bungalows operated by the same provider. Some residents informed the inspector they had lived in the bungalows before moving into the centre. This pre-existing familiarity with Gahan House made the transition into the centre easier and supported them to maintain their friendships with their neighbours in the bungalows.

The centre was welcoming and pleasantly decorated throughout. Paintings and photograph collages of residents and staff enjoying group activities and outings were displayed on the centre's walls. 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. These communal areas included a large open-plan sitting and dining room, a small sitting room where residents could meet their visitors privately, and an oratory. There was also an additional seating area on the corridor just outside the sitting and dining room, where several residents were observed chatting, reading the newspaper, listening to music, and relaxing throughout the day.

Within the centre were 12 single bedrooms with access to shared toilet and shower facilities. Bedrooms had comfortable seating and were personalised with family

photographs and items from home, such as paintings, furniture, bedding and ornaments. Each bedroom had a wash hand basin, a television and locked storage. Residents whom the inspector spoke with were pleased with their personal space. While each bedroom had an emergency call facility, this was a push-button device located on the bedroom wall. The inspector noted these emergency call facilities were not accessible from each resident's bed as required by the regulations.

There was an onsite laundry service where residents' clothing, towels and bed linen were 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. Residents spoken with were complimentary about the laundry service received in the centre.

The centre had a smoking room for residents containing protective equipment, such as a call bell, an ashtray and a fire blanket. There were two fire extinguishers located in the corridor outside the smoking room.

Notwithstanding recent works that have taken place in the centre, such as the installation of a new sluice room in the last 2 years, the centre was compromised in meeting infection control standards due to the layout of the premises. There was one clinical handwash sink available in the centre for staff use. This was located in the sluice room and did not meet current specifications. Hand sanitiser dispensers were seen to be located in the corridors to support staff compliance with hand hygiene requirements. The centre did not have a dedicated housekeeping room. The cleaning cart was stored in a storeroom without a sink. Household staff accessed the janitorial sink located in the sluice room to obtain clean water. While the centre was generally clean and in good repair, staff practices in cleaning and managing storage required review. These matters are discussed under Regulation 27: Infection control.

In terms of outdoor space, the centre had pleasantly landscaped grounds to the front of the centre. These grounds were clean, tidy, well-maintained and had level tarmacadem paths. There was colourful seating at the front door, with potted plants and flowers decorating the area. During the day, residents were seen strolling the centre's grounds alone and with staff. Other residents were seen sitting outside at the front of the centre, enjoying the fresh air and sunshine. The centre also had a decking area to the rear of the centre, with garden furniture accessible from the open plan sitting and dining room. The centre was seen to have closed-circuit television (CCTV) installed externally.

On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. Residents confirmed that they were free to exercise choice about how they spent their day, including what time they woke, retired to bed, if they consumed alcohol and if they chose to smoke. Residents were also observed coming and going from the centre as they wished. The keypad code was discreetly displayed adjacent to the front door to facilitate residents exiting the building.

The centre's healthcare assistants coordinated activities for the residents daily. On the morning of the inspection, a quiz took place in the sitting and dining room, followed by refreshments. Later in the morning, staff were observed accompanying residents on walks outside the centre. In the afternoon, the inspector observed laughing and dancing as the centre's residents and some of their friends from the adjoining bungalows enjoyed live music and entertainment. Residents were also provided snacks and refreshments while listening to live music, and some enjoyed a glass of wine.

Some residents preferred not to partake in group-based activities. They were observed reading the newspaper in the communal areas and also choosing to relax in their bedrooms, watching television, listening to the radio, and reading according to their preferences. Residents who spoke to the inspector expressed satisfaction with the entertainment, activities, and outings available, and they gave high praise for a recent outing to the local arboretum and a visit to a local hotel for refreshments.

Residents had access to radios, television and internet services. There were advertisements within the centre for independent advocacy services. Residents could receive visitors in the centre's communal areas, their bedrooms, or the smaller sitting room. Roman Catholic Mass was celebrated in the centre weekly. Outside of mass, the centre's oratory provided a space for prayer and quiet reflection.

Lunchtime at 1.00pm was a sociable experience, with all residents eating in the dining room while soft music played in the background. Meals were freshly prepared in the centre's kitchen. The menu, with two main course options, was displayed in the dining room. Residents confirmed they were offered a choice of main meal. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and further drinks accompanied by snacks throughout the day. Residents expressed their satisfaction to the inspector about food quality, quantity and variety.

Visiting took place throughout inspection day, with residents introducing the inspector to their friends. Residents confirmed there were no restrictions on visiting.

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

There were established systems to monitor the quality of care and support provided to residents, and residents reported high levels of satisfaction with the service. A small number of improvements were required to ensure full regulatory compliance,

including robust action concerning the governance and management arrangements for training and staff development, as well as some actions concerning individual assessment and care planning and infection control.

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 following the inspection on 21 September 2023. The registered provider had progressed with the compliance plan from the September 2023 inspection, and improvements were identified concerning staffing, premises and the management of complaints. Following this inspection, further actions were required, which will be outlined under the relevant regulations in this report.

Gahan House was opened in 1989 to offer residential services to persons with low-dependency care needs. The registered provider is Graignamanagh Elderly Association Company Limited by Guarantee. The company is comprised of six directors who work in a voluntary capacity. The assistant treasurer represents the provider for regulatory matters.

The provider had a clearly defined management structure, and staff members were clear about their roles and responsibilities. The person in charge worked full-time, was responsible for overall governance and reported to the board of directors. The person in charge is supported by a registered nurse who worked six hours in an assistant manager capacity and 10 hours in a nursing role, as well as healthcare assistants, housekeeping, maintenance, and catering staff. As Gahan House provides care and support to residents with low-dependency care needs, the centre does not require a registered nurse to be onsite at all times. The inspector found sufficient staff members with an appropriate skills mix on duty to meet the low-dependency care needs of residents living in the centre.

Communication systems were in place between the person in charge and the board of directors to ensure the board had oversight of key matters related to the quality and safety of care delivered to residents in the centre. Minutes of board meetings confirmed discussion of occupancy, temporary discharge, incidents, accidents, complaints, regulatory compliance, resident feedback, premises, human resources and residents activities. Similarly, within the centre, there was evidence of staff meetings facilitated by the person in charge. These meetings discussed operational matters concerning the daily care of residents, including medication management, infection control, fire safety, staff training, care plans and audit results.

The provider had management systems to monitor the quality and safety of service provision. The provider had undertaken four audits in 2024 examining smoking, medication, resident health and well-being and diabetes care. These audits identified deficits and risks in these specific areas and associated improvement plans. The provider had a risk register for monitoring and managing known risks in the centre. The provider oversaw incidents within the centre and had systems for recording, monitoring, and managing related risks. The inspector noted that the last incident recorded in August 2024 had incomplete records, and the outcome and quality improvement plan were yet to be documented. All 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, further actions were required to support the management team in effectively identifying deficits and risks in the service and driving quality improvement. These matters 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.

There was evidence of a staff appraisal process where the person in charge reviewed staff members' skills and performance and set objectives for career development. Staff were appropriately supervised and clear about their roles and responsibilities. Staff had access to mandatory training to support them in their roles through online and in-person training sessions. However, a review of training records found that not all staff had completed mandatory training, which will be discussed under Regulation 16: Training and staff development.

Regulation 14: Persons in charge

The person in charge was well-established in the position and has the required experience and qualifications to fulfil the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked rosters and from speaking with residents, it was evident that there was sufficient staff and an appropriate skill on duty each day to meet the low dependency needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

While there was a training programme in place, not all staff had completed mandatory training in areas such as safeguarding residents from abuse, fire safety, managing challenging behaviour, medication management and hand hygiene. For example, the following gaps in training were identified, which required attention to enable staff to continue to provide a safe service:

- Three staff had not completed fire safety training.
- Three staff had not completed managing challenging behaviour training.
- Four staff had not completed safeguarding residents from abuse training.
- Three staff had not completed hand hygiene training.
- Three healthcare assistant staff who administered medication had not completed medication management training.

Of the staff members with gaps in mandatory training, three staff members operated in a lone worker capacity on occasion within the centre, while a fourth staff member had worked in the centre for 2 years.

Judgment: Not compliant

Regulation 23: Governance and management

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, tracking and trending of falls, training and staff development, call bell access and infection control, as found on inspection day.

The inspector observed a discrepancy between the floor plans and what they observed on the inspection day. On the floor plans, store room 27 was a single room. However, on inspection day, storeroom 27 was partitioned into a large storeroom for the cleaning cart and household chemicals, a smaller storeroom for dried food, and a lobby area connecting these two rooms.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Arrangements for recording accidents and incidents were in place and were notified to the Office of the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre displayed its complaints procedure at reception. Information posters on advocacy services to support residents in making complaints were displayed. Residents said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were also knowledgeable about the centre's complaints procedure. The person in charge maintained a record of complaints received, how they were managed, and the outcome for the complainant. There was one complaint received in 2024 relating to the hot water supply to one bedroom that was promptly responded to. The complaints officer and review officer had undertaken training in complaints management.

Judgment: Compliant

Quality and safety

The inspector found that residents had a good quality of life, whereby their human rights were promoted, and residents were encouraged to live their lives in an unrestricted manner, according to their interests and capabilities. Residents' needs were met through good access to healthcare services and support with communication needs. Residents told the inspectors they felt safe and happy living in the centre, and staff were knowledgeable of their role in responding to abuse. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well. Notwithstanding these positive aspects, some actions were required concerning premises, infection control and individual assessment and care planning to enhance the quality and safety of the service provided to residents.

Overall, the premises' design and layout met residents' needs. The centre was appropriately decorated to provide a homely atmosphere. There was a tidy on-site laundry service and pleasant outdoor areas, which were well maintained. Notwithstanding this good practice, one matter requiring attention to comply with Schedule 6 requirements related to the accessibility of emergency call facilities, which will be discussed under Regulation 17: Premises.

The provider had processes to manage and oversee infection prevention and control practices within the centre. Colour-coded mop and cloth systems were operating to clean various areas within the centre. While the centre's interior was generally clean on the inspection day, some actions were required to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

The person in charge had arrangements for comprehensively assessing residents upon admission into the centre. The inspector reviewed person-centred care plans based on validated risk assessment tools. These risk assessment tools were seen to be updated at required intervals, with many being updated monthly. Notwithstanding these areas of good practice in assessment and care planning,

some gaps were observed, which will be outlined under Regulation 5: Individual assessment and care plan.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties due to sensory deficits 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

There were no restrictions on visiting in the centre. There were suitable communal and private facilities for residents to receive a visitor.

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 valuables.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, one area that required attention to fully comply with Schedule 6 requirements related to emergency call facilities. While every room used by residents had an emergency call facility, the emergency call facilities in residents' bedrooms were not accessible from each resident's bed, should they require assistance.

Judgment: Substantially compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018).

The oversight of staff cleaning practices in the dried food storeroom adjacent to the kitchen required review, for example:

- The floor of this storeroom was visibly unclean with debris and stains.
- The large storage container for the sugar was unclean with dried-in liquid stains.
- There was food debris on the shelves in this storeroom.
- The storeroom where the cleaning cart was stored did not contain a hand wash basin or janitorial sink. The cleaning staff accessed clean water and disposed of waste water in the janitorial sink located in the sluice room. This posed a risk of cross-contamination.

One small multipurpose storeroom contained clean and dirty items, presenting a risk of cross-contamination. This storeroom contained pillows used by residents, which were assumed to be clean, alongside unclean equipment such as the vacuum cleaner, a deck chair, and staff shoes and coats.

Some surfaces throughout the centre were observed to be damaged and, therefore, could not be effectively cleaned; for example, several shelves in the dried food store room had exposed chipboard.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While comprehensive person-centred care plans were developed, based on validated risk assessment tools, action was required in the areas below.

Action was required concerning individual assessments and care plans to ensure that each resident's needs were comprehensively assessed and an appropriate care plan was prepared to meet these needs, for example:

- A resident who had two falls in the centre did not have their falls risk assessment tool or mobility care plan updated to reflect that these falls had

occurred. Additionally as the falls risk assessment tool was inaccurately scored, it underestimated the resident's risk factors, which meant a robust care plan to mitigate these risks and enhance the resident's comfort and safety was not developed.

Care plans were not always reviewed and updated following a change in the resident's condition or at four monthly intervals as required by the regulation, for example:

- One resident had obtained a walking aid, but their mobility assessment and care plan had not been updated to reflect this development.
- Two residents' care plans had not been updated at four monthly intervals.

Action was required to ensure that there was evidence of consultation with the resident and, where appropriate, their family when care plans were reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who required specialist medical treatment or other healthcare services, such as mental health services, dietetics, and physiotherapy, were supported to access these services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

No restraints or restrictive practices were used in the centre. Residents came and went from the centre as they wished and had full control over their daily routine. Residents with challenging behaviours were seen to have a care plan guiding staff in responding to their needs sensitively and compassionately, and these residents were also referred to relevant healthcare services to meet their needs. Staff had access to training in managing challenging behaviours. Some gaps in this mandatory training are noted and are referenced under Regulation 16: Training and staff development.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. The records reviewed showed that no incidents or allegations of abuse had been reported in the centre, but the provider had a policy to guide such investigations. The provider was not a pension agent and did not hold monies in safekeeping for residents. A sample of five staff records reviewed showed evidence of An Garda Siochana (police) vetting being in place. Staff had access to training in safeguarding residents from abuse. Some gaps in this mandatory training were noted and are referenced under Regulation 16: Training and staff development.

Judgment: 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 weekly religious services available. Residents could communicate freely and had access to telephones and internet services throughout the centre. Information was provided to residents about 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gahan House OSV-0000545

Inspection ID: MON-0044512

Date of inspection: 30/10/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff including community employment will have up to date training.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A new set of floor plans will be submitted to include the division of the storage area. Care plans and individual assessments will be brought up to date. The provider has an auditing schedule in place and will be conducting Audits in areas such as falls, care plans, infection control, Staff training, premises call bell access, etc. in order to identify risks and to provide quality improvement.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Each bedroom will be fitted with a call bells that will be accessible to residents at all times.	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A new cleaning schedule for the kitchen staff and general staff will be put in place to include all areas.
To discuss with plumber re installing a janitorial sink in the cleaning room.
The storage area review, clean and dirty items not stored together.
Surface areas that were damaged and could not be cleaned properly have been repaired.

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:
Care plans and individual assessment will continue to be up date and reviewed on a 4 monthly basis or as required, hospital admission and when there is a change to a resident's condition.
Nurse will meet with residents to discuss care plans and any other concerns about their care and family can be included if the resident would like this.
Falls risk will be kept up to date.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	17/12/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2025
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	31/01/2025
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	31/01/2025

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	29/11/2024