



**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:	Tralee Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Teile Carraig, Killerisk Road, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	20 November 2024
Centre ID:	OSV-0000566
Fieldwork ID:	MON-0044241

About the designated centre

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

Tralee Community Nursing Unit is a designated centre located in the urban setting of the town of Tralee. It is registered to accommodate a maximum of 43 residents. It is a single-storey facility set on a large site. Residents' bedroom accommodation is set out in two units, Loher unit with 22 beds and Dinish unit with 21 beds. Each unit is self-contained with a dining room, kitchenette, day room. Bedroom accommodation comprises of single, twin and four bedded rooms. The Rose Café is located at the entrance to the centre has café style seating. The atrium is a large communal space located between the two units with comfortable seating. The quiet visitors room is located between both units. The oratory is situated on the corridor by the main entrance. Tralee Community Nursing Unit provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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
Wednesday 20 November 2024	09:30hrs to 17:15hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This inspection took place over one day and was unannounced. The inspector greeted the majority all residents living in the centre and spoke in detail to six residents about their experiences and life in the centre in more detail. Residents spoke positively about the care they received in Tralee Community Nursing unit and they described the staff as very caring and kind. Some residents were living with dementia and were unable to detail their experience of the service. These residents were observed by the inspector to be content and relaxed in their environment and in the company of other residents and staff.

Tralee Community Nursing Unit provides long term care, for both male and female adults, with a range of dependencies and needs. The centre is situated in the town of Tralee in County Kerry and is registered to provide care to 43 residents. There were 36 residents living in the centre on the day of this inspection.

Operationally, the centre is made up of two distinct wings, Lohar (21 beds) and Dinish (22 beds), each with their own day and dining room facilities. Overall, the inspector found the premises was laid out to meet the needs of the residents and to encourage and aid their independence. Grab rails were available along corridors, to assist residents to mobilise safely. The inspector saw the centre to be appropriately furnished and decorated, with pictures, ornaments and comfortable furnishing throughout. However, some areas of the centre such as flooring and walls of residents' bedrooms were observed to be damaged, which is further detailed under regulation 17. The inspector was informed that there was a plan in place to repair damaged flooring in residents bedrooms in the coming months.

Bedroom accommodation in the centre comprises of five four-bedded rooms, two twin rooms and 19 single rooms. The majority of residents use shared bathroom facilities, which were in close proximity to their bedrooms and three residents in the centre have en-suite facilities. The inspector saw that some bedrooms were personalised with residents' belongings from home and pictures of their families. However, other bedrooms, particularly the four bedded rooms were seen to be clinical in nature as empty beds were not dressed and equipment were stored in the corner of rooms. One resident told the inspector how they had been recently been allocated a single room and they were delighted to now have their own space and privacy. The inspector saw that residents had easy access to two secure outdoor areas, one of which had been recently renovated.

On the walk around of the centre the inspector observed some residents being assisted with their personal care. Others were seen watching television or listening to the radio in the comfort of their bedroom, while they had their breakfast. Residents were seen to be well dressed and it was apparent that staff paid attention to residents dress and appearance. One resident told the inspector that staff always

gave them time and never rushed them and that they can always choose what time they would like to get up how they would like to spend their day.

Between the two units was a large open plan communal space for residents called The Rose Café and The Atrium. The inspector saw that in this area there were tables and chairs, comfortable seating, bookshelves and a large flat screen television. There was also exercise equipment available for residents to use independently or with the physiotherapist. Throughout the day residents were seen to enjoy a range of activities in this area which included bingo, a music session and arts and crafts. The inspector met with the staff member allocated to activities. It was evident that they were enthusiastic about their role and knew residents personal preferences and abilities to participate. From discussion with this person and with residents it was evident that the social programme had been enhanced since the previous inspection and there were now activities available seven days per week.

The dining experience at lunch time was observed. The menu was on display in the centre and residents' informed the inspector that they had a choice of foods on the day. The inspector observed that there were sufficient amounts of staff available to assist residents at mealtimes. However, the inspector saw that plates that meals were served on were small which made it difficult for some residents to utilise. From discussions with staff and review of processes for food delivery it was evident that on some days, particularly weekend's choice was limited for residents requiring modified and textured diets as food was delivered from the local hospital and not prepared on site. These findings are further detailed under regulation 18; food and nutrition.

Visitors were observed coming and going throughout the inspection. The inspector spoke with two visitors who expressed their satisfaction with the quality of care provided to their relatives living in the centre. Residents told the inspectors that staff respected them in the centre. Staff were observed to speak with residents in a kind and respectful manner and to ask for consent prior to any care interventions.

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

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, findings of this inspection were that Tralee Community Nursing Unit was a good centre where residents received high quality care. All areas identified on the previous inspection of November 2023 that required to be addressed, had been completed. However, actions were required with regards to governance and management the appointment of a person in charge who met

the regulatory requirements, food and nutrition, upgrades to the premises and infection control. These will be further detailed under the relevant regulations.

The registered provider of Tralee Community Nursing Unit is the Health Service Executive (HSE). The management structure consists of the registered provider, with responsibility for the running the centre, a person in charge and a clinical nurse manager. The previous person in charge had resigned their position as of June 2024, and the Chief Inspector had been notified, as per regulatory requirements. This left a gap in the management structure which did not provide effective governance of the centre. There had been engagement with the provider since this time to outline the concerns of the Chief Inspector in relation to the absence of a suitable qualified and experienced person in charge. Subsequently, a restrictive condition was placed on the centres registration giving the provider until the 30th of September 2024 to appoint a person in charge in the designated centre who met the requirements of the regulation.

The provider had notified the Chief Inspector that a person had been appointed in November 2024. However, although this person had extensive nursing and management experience they did not have a management qualification, which is a regulatory requirement. Therefore, they could not be appointed the person in charge until they obtained this management qualification. The inspector was informed on the day of this inspection that this course was currently being undertaken and that this qualification would be achieved in a timely manner. This finding and others pertaining to governance and management are further detailed under regulation 23.

On the day of this inspection the inspector found that there were sufficient staff on duty in the centre, to meet the assessed needs of residents and given the size and layout of the centre. There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures, safeguarding residents from abuse and the management of responsive behaviors. Staff also had access to additional training to inform their practice, such as infection prevention and control and human rights. On review of the training records it was evident that for some staff mandatory training had expired and was due to be completed, which is further detailed under regulation 16.

A centre-specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. This had been revised to reflect the amendments to the regulations that had come into effect in March 2023 (S.I. 628 of 2022). However, the complaints procedure was not displayed in a prominent accessible place for residents. This is actioned under regulation 34. A record of incidents occurring in the centre was well maintained. One incidents had not been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Regulation 14: Persons in charge

The registered provider had not appointed a person in charge that met the requirements of the regulations. The business of a designated cannot be carried on without a person in charge. The person in charge has responsibility under the regulations for key areas of governance, operational management and administration of the designated centre, including responsibility for the supervision of staff who provide care and support to its residents.

Judgment: Not compliant

Regulation 15: Staffing

From a review of the staffing rosters and from the observations of the inspector, it was evident that the number and skill mix of staff was appropriate to meet the needs of the residents living in the centre. There was a minimum of two nurses on duty at all times, as required by the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Six healthcare assistants were due to renew their training in people moving and handling. This was listed as mandatory training to be completed every three years, as per the centres policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The following required to be addressed pertaining the governance and management of the service:

- The provider had not appointed a person in charge of the centre that met the requirements of the regulations, leaving a gap in the management structure as actioned under regulation 14.
- The restrictive condition which had been placed on the centres registration giving the provider until the 30th of September 2024 to appoint a person in charge in the designated centre. This had not been met within the time frame set out and therefore the provider was in breach of their condition.

- The provider had applied to renew the registration of the centre in 2023. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. It was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centres statement of purpose. However, the senior managers with responsibility for the centre were not named as persons participating in management on the centres registration. The provider was required to review these arrangements and a restrictive condition was placed on the centres registration giving the provider until 31st October 2024 to submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended, in relation to any person who participates or will participate in the management of the designated centre. This had not been actioned on the day of this inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

One notification had not been reported to the Chief Inspector as required by the regulations. This related to a serious injury sustained on the premises which requires medical attention and/or hospital treatment.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The following required action to comply with this regulation:

- The complaints procedure not on display in an accessible format for residents in line with regulatory requirements
- From discussions with staff and residents it was evident that their had been some verbal complaints regarding food choices. However, these had not been recorded, addressed and used to inform quality improvement.

Judgment: Substantially compliant

Quality and safety

Overall, findings of this inspection were residents in Tralee Community Nursing Unit enjoyed a good quality of life, had good access to medical care and a social and recreational programme. However, some improvements were required in relation to food and nutrition, and assessment and care planning. These will be discussed under the relevant regulations.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their health care needs. Residents were provided with access to other health care professional for further specialist assessment, through a system of referral by the general practitioner. The centre had access to a dietitian, speech and language therapist and chiropody services. There was a low incidence of pressure ulcer development in the centre and wound care documentation reviewed was in line with evidence based nursing care.

Care planning documentation was available for each resident in the centre, as per regulatory requirements. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Care plans reviewed were updated four monthly and some contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. However, some improvements were required in to ensure all information contained was accurate to care delivery, which is further detailed under regulation 5 of this report.

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. Residents hydration and nutrition needs were assessed and regularly monitored. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. However, actions were required pertaining to the way meals were served and to ensure there were further choices available for residents prescribed modified diets. This is further detailed under regulation 18.

While the centre's interior was generally clean on the inspection day, some areas for improvement were identified with regards to the storage of equipment to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice. There were facilities for residents to participate in activities in accordance with their interests and capacities. Residents were consulted about the activity schedule to ensure it was enjoyable and engaging for all residents. Residents had access to an advocacy service in the centre.

Regulation 17: Premises

The following required action to ensure compliance with schedule 6 of the regulations:

- Flooring in a number of residents bedrooms was cracked and worn and required repair or replacement
- In a number of residents' bedrooms wall-paint was marked and chipped and required action
- Four bedded rooms were seen to not be decorated appropriately and they lacked a homely feel as empty beds were not dressed and some parts of the room were being used for storage of equipment
- The inspector observed that one resident did not have call bell facilities available in their bedroom, which is a regulatory requirement.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required in relation to food and nutrition as evidenced by the following findings:

- Food was delivered from the local hospital on specific days in the week. This resulted in there being limited choices available for residents requiring textured/modified diets, particularly at the weekend as there was only one choice available. Although staff in the kitchen endeavoured to accommodate all residents personal preferences this was not always possible due to restrictions imposed by this model of food preparation and delivery
- There had been a change in the equipment used to heat food. This resulted in all hot meals having to be served on small side plates, in which the food was portioned and heated. The inspector was not assured that portion sizes had been reviewed as a result of this or that all residents were satisfied with this arrangement. This arrangement also did not afford opportunity to offer a second portion as food was prepared and portioned in the morning.
- Due to the model of food delivery there was limited opportunity for residents to have home baked produce such as scones and soups. The catering staff endeavoured to make fresh soups if staffing resources were available, however action was required to ensure that all foods are wholesome and nutritious.

Judgment: Not compliant

Regulation 27: Infection control

The following required action to ensure compliance with the National Standards for infection prevention and control in community services (2018):

- Inappropriate storage of equipment such as cleaning trolleys and chairs in sluice rooms and bathrooms, which increases the risk of cross contamination
- Some sinks in residents bedrooms were observed to be unclean
- The inspector saw that the system of storing nebulisers and oxygen tubing in residents' rooms was not as per the centres policy to ensure that they were kept in a sealed container. This would reduce the risk of them becoming contaminated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A review of fire precautions in the centre found that the provider had completed the actions set out in the compliance plan submitted following the previous inspection. Arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The service records for these systems were up to date. Staff now participated in more frequent fire evacuation drills to ensure the safe and timely evacuation of residents in the event of a fire emergency.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While overall, care plans were person centred, action was required to ensure assessments and care planning documentation was in line with specified regulatory requirements as evidenced by the following:

- A resident who experienced significant responsive behaviours did not have an behavioral support plan in place to direct care delivery
- A resident requiring monthly weights did not have this reflected in their care plan
- Individual assessments completed pertaining to responsive behaviours were found to be inaccurately recorded, therefore, they could not inform care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practices weekly. Residents also had good access to other allied health professionals such as speech and language therapists, a dietitian and specialist medical services such as community palliative care and community mental health services as required.

Judgment: Compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and the inspector was satisfied that improvements had taken place in relation to all aspects of safeguarding. Safeguarding training was provided to all staff and allegations of abuse were reported, investigated and changes implemented as required. There was an up-to-date safeguarding policy and procedure in place which was well-known amongst staff. Staff demonstrated a good awareness in relation to their role in how to keep residents' safe, and could clearly describe the reporting mechanisms should a potential safeguarding concern arise.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were noted specifically in the social programme available to residents. The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of residents' meetings, which the inspector reviewed.

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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tralee Community Nursing Unit OSV-0000566

Inspection ID: MON-0044241

Date of inspection: 20/11/2024

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Person in charge has extensive nursing and management experience in caring for Older persons in the acute hospital setting. The PIC has completed the supervisory management module in November 2024 and submitted the assignment for grading in December 2024. Expected date of receiving the QQI certification by the college is the 12th of February 2025. Enclosed is the letter of reference from the college as evidence for the enrolment of management module. Certificate will be submitted to the regulatory authority by the end of February 2025.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The new PIC has arranged a Moving and Handling training date on the 22nd of January to renew the mandatory training requirement of all six healthcare assistants who require same. Expected date of completion is 22nd January 2025. The PIC will review the training record (Quarterly) to ensure compliance with all mandatory training requirements.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in charge was appointed and commenced in post on the 11th of November 2024. The PIC has extensive Nursing and Management experience of caring for older persons in the acute hospital setting. The PIC has completed the supervisory management module in November 2024 and submitted the assignment for grading in December 2024. Expected date of receiving the QQI certification by the college is 12/02/2025 this will meet the requirement of the regulations.</p> <p>The provider can assure the Chief inspector the Person in Charge appointed will meet all requirement of the regulations by the 12/02/2025</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge has submitted the outstanding notification as requested by the regulations. Going forward the Person in Charge will ensure that all notifications are reported to the Chief Inspector as required by the regulations. Date of completion: 31/01/2025.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Person in Charge has ensured the complaints procedure is displayed in an accessible format for a residents in line with regulatory requirements.</p> <p>The Person in Charge is consulting with all staff and residents in relation to verbal complaints regarding the food choices and ensuring that all complaints are recorded, addresses and used to inform the Quality Improvement. Date of completion :31/01/2025</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Person In Charge has engaged with the Maintenance department regarding the requirement for improvements in the environment. Maintenance of the premises has commenced, with the repair of flooring complete in some of the rooms and the remainder is a work in progress along with painting of residents' bedrooms. Date of Completion:30/04/2025</p> <p>The Person in Charge has reminded all staff of the importance in keeping the environment tidy whilst maintaining a homely feel to include residents' personal taste and preference in décor. This has been addressed at the latest residents' forum and at the staff meeting. Date of completion : 30/03/2025</p> <p>The Person in Charge has ensured that the resident who did not have a call bell available on the day of the inspection was identified immediately and provided with the alternative solution of a table call bell to comply with the regulatory requirements. Date of completion: 20/11/2024</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The Person in Charge will come into compliance with Regulation 18 by reviewing the choice of menus available and the current model of food preparation and delivery to Residents. Presently there is choice available on the menus which alternate on a weekly basis. To improve choice and delivery the Person in Charge has set up a food and nutrition committee in consultation with the residents, Dietitian and the Speech and language therapist to ensure compliance and the highest standard of food choice and delivery is achieved.</p> <p>It is an agenda item on the next residents' forum meeting where all suggestions will be explored to optimize choice. . Date of completion :10/03/2025</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

To ensure effective Infection Prevention and control in the Centre:
 The Person in Charge has implemented plans to declutter the environment to ensure appropriate storage of equipment, the importance of maintaining a clutter free environment has been communicated to all staff. Nursing Management will monitor practice to ensure the use of appropriate storage areas is embedded in practice

The Person In Charge has reviewed the cleaning schedule and communicated to the identified and dedicated cleaning staff the importance in maintaining cleaning duties to comply with all IPC standards. Nursing Management have alerted all team members regarding same and will monitor practice and ensure additional IP&C audits are undertaken.

The Person in Charge has communicated to all staff the importance in storage of oxygen and nebulizer masks correctly in sealed containers to prevent the potential contamination in line with the Centre Policy. Date of Completion: 30/11/2024

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The Person in Charge has ensured that :

A behavioral support plan including diversion and distraction techniques has been detailed in the mood and behaviors care plan of a resident with responsive behavior to support the residents direct care delivery. Date of completion: 31/01/2025

A monthly weight record which was not reflected in the residents care plan has since been detailed in the persons nutrition and hydration care plan. Date of Completion: 31/01/2025

All assessments pertaining to responsive behavior are to be reviewed and ensure the assessment accurately inform care delivery. In addition, education to support the accurate recording of assessments pertaining to responsive behaviors will be provided to the nursing team. Date of Completion: 31/01/2025

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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	12/02/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2025
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	30/04/2025

Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	30/03/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	30/03/2025
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	12/02/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2024
Regulation 31(1)	Where an incident set out in	Substantially Compliant	Yellow	31/01/2025

	paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	31/01/2025
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).	Substantially Compliant	Yellow	31/01/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	31/01/2025

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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