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:	The Residence Carton
Name of provider:	TLC Spectrum Limited
Address of centre:	Tonlegee Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	10 September 2024
Centre ID:	OSV-0005800
Fieldwork ID:	MON-0044585

About the designated centre

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

TLC Carton is a purpose-built nursing home designed to meet the individual needs of the older person, while facilitating freedom and independence for the more active. TLC Carton is located off the Malahide Road and close to Beaumont Hospital, and can accommodate up to 163 male and female residents over 18 years of age. The building has three storeys consisting of 135 single bedrooms and 14 double/twin bedrooms. Each bedroom has full en-suite facilities, and furniture which includes a television, call bells and a phone. Each floor is serviced by stairwells and passenger lifts and access to outdoors spaces are available on the ground and first floor.
TLC Carton provides long term, respite care and stepdown care to meet the health and social needs of people with low, medium, high and maximum dependencies. The centre provides 24-hour nursing care. The provider's aim is to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment that respects the individuality of each resident who chooses to reside in TLC Carton.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	148

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 10 September 2024	08:30hrs to 17:15hrs	Niamh Moore	Lead
Tuesday 10 September 2024	08:30hrs to 17:15hrs	Helena Budzicz	Support
Tuesday 10 September 2024	08:30hrs to 17:15hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

Based on the observations of the inspectors and discussions with residents, staff and visitors, TLC Carton was striving to provide a good service to residents. Residents spoken with provided overall positive feedback on their lives within the centre. Visitors spoken with expressed their satisfaction with the care provided to their loved ones however, a visitor who spoke with inspectors said the food could be improved. Staff spoken with were happy with the training and guidance provided by management.

The centre was registered to accommodate 163 residents. On the day of inspection, there was 148 residents living in the centre. The centre is laid out across three floors, reported as the ground floor, the first floor and the second floor. All floors comprised of residents' bedrooms, communal and dining rooms. Additional communal areas were located on the ground floor which included an oratory, an activity room and the hairdressers room. There was an enclosed garden available from the ground floor which included the designated smoking area for residents. On the first floor, there was a balcony where residents from this floor could enjoy outdoor space and also smoke.

During the walk around of the premises, inspectors observed the plant room was used to store various items which included wooden furniture, and some highly flammable spray paint cans. It was also apparent that this area was used by the maintenance team to spray paint picture frames and this was confirmed to inspectors on the day of the inspection. This was an area of increased fire risk and an immediate action was issued to the provider during the inspection to clear the area. It is acknowledged that this was complete by the end of the inspection.

Residents were seen freely mobilising around the centre. However, inspectors observed that a residents' dedicated area on the first floor, was being used by a senior manager for administrative duties. Inspectors were informed this was on a temporary basis, however this area was not available to the residents and inspectors observed that when a resident attempted to enter this room they were re-directed by staff.

There were daily newspapers available and inspectors observed residents watching television and reading in different areas of the centre. One resident told the inspectors "I like it here, I am well looked after".

While there was a comprehensive activities schedule in place and good access to activities were seen in some areas of the centre, inspectors observed that on the second floor, several residents were left for a number of hours during the day in their wheelchairs in two sitting rooms in front of the television, watching random programmes. In addition, there were long intervals, where no supervision was provided for these residents. This arrangement did not support residents' rights that

all residents had equal opportunities to participate in activities according to their interests and capabilities.

The centre generally was well-maintained and laid out to meet the needs of residents, however inspectors found that the communal spaces were not suitably adapted to meet the needs of the residents. For example, arm chairs in the communal areas throughout the centre were low and wide. This meant that the majority of residents were unable to use these facilities for seating. Many residents had to remain in their wheelchairs and some residents spoken with detailed the difficulties of getting up from these seats. Management confirmed they were aware of the difficulties with the current couches, and had begun to replace some with suitable chairs as seen in one area on the ground floor.

During a walk around of the centre, inspectors observed a staff nurse who was providing morning medications to residents, was also supervising residents during this time as the unit was short staffed. In addition, to this another staff nurse was assisting the General Practitioner (GP) during the medication round.

Residents' mealtime experience was observed on each floor, and inspectors found that overall the residents' dining experience had improved from previous inspections. Residents had easy access to condiments which were available on each table. Overall there was sufficient staff available to provide assistance to residents in a timely manner. Feedback from residents was mostly positive with comments such as "the food is always excellent" and "it never fails". However, some residents particularly from the first floor, did not like the food served on the day and staff assisted them with an alternative meal.

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

Capacity and capability

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). This inspection also followed up on the compliance plan from the last inspection in April 2024, reviewed solicited and unsolicited information and was also used to inform the upcoming renewal of registration for the designated centre. Inspectors found that overall there were many improvements seen and action had been taken to address the majority of the findings of the previous inspection. However, further actions were required to the governance and management systems in place, particularly in respect to adherence to their registration conditions, health care and fire precautions.

TLC Spectrum Limited is the registered provider for TLC Carton. There are four company directors, one of these directors was present during the inspection. The person in charge was supported in their role by three assistant directors of nursing, five clinical nurse managers and support services management such as household, administration and maintenance.

A completed application for the renewal of the centre's registration had been received by the Chief Inspector of Social Services prior to the inspection and was under review. The provider had updated the statement of purpose and floor plans during this application. However, both documents required further review to ensure that they accurately reflected the facilities and management structure provided within the designated centre.

Recruitment was ongoing for some vacant staffing posts. Residents with assigned one-to-one staffing arrangements were seen to have this in place throughout the day of the inspection. The record of staff on duty was maintained by an electronic clock-in service and allocation sheets. While it was found that there were sufficient numbers of nursing, healthcare and support services staff available, the allocation of these staff required further review to fully support residents' assessed needs.

Staff completed induction training when they commenced employment in the designated centre. A review of records showed that agency staff working temporarily in the centre had also received an appropriate induction to their role. An overview of mandatory training was available for review. Inspectors saw that a number of staff were due refresher training in fire safety, and not all staff had completed in-house safeguarding training although they had completed online training in this area. A staff member observed serving food to residents on the day of inspection was not appropriately trained in safe food handling and did not have dysphagia training which was outlined as a requirement in the designated centre's food safety policy. This required review by the registered provider.

Regular auditing and management meetings were occurring. Improvements were seen to some management systems within the designated centre, and overall the compliance plan of the inspection from April 2024 had been actioned. Feedback inspectors received was mostly positive, including staff detailing they felt supported from management. However, management systems were not always identifying areas for improvement or responding to areas for improvement in a timely manner. This is further discussed under Regulation 23: Governance and Management.

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process and timelines, in line with legislative requirements. Contact details for advocacy services were also on display in the centre.

Registration Regulation 4: Application for registration or renewal of registration

An application was received by the Chief Inspector of Social Services as part of the renewal of registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were suitable to the size and layout of the centre and for the needs of the residents. However, the allocation of staffing resources is further discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix found that there were some gaps in the mandatory training for staff. For example;

- Seventy-four percent of staff had up-to-date fire safety training, the remaining staff required refresher training.
- A staff member observed assisting at mealtimes on the day of inspection did not have the appropriate training in the safe handling of food.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a current certificate of insurance which indicated that cover was in place against injury to residents, staff and visitors.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure that there was sufficient resources to ensure effective delivery of care to all residents in line with the statement of purpose. This was evidenced by:

- The registered provider had failed to abide by condition 1 of their registration where a communal area on the first floor was not available to residents on the day of the inspection.
- Staffing resources required review to ensure that all residents received opportunities for meaningful engagement, activities and sufficient supervision. This was particularly evident for residents on the second floor. This is discussed under Regulation 9: Residents' rights in this report.

The management systems to monitor the quality of the service provided were not fully effective to ensure that all areas of the service were appropriately monitored. For example:

- The management systems had failed to identify risks in respect of medication administration practices to ensure residents were receiving their medicines in line with prescribed recommendations. Inspectors observed on the day of the inspection that the staff nurses were disturbed during their medication rounds on a number of occasions to assist another management personnel during the GP visit. As a result, the medication round was not completed within the prescribed administration time as directed by the prescriber's GP. In addition, the inspectors reviewed the electronic nursing administration system used for medication administration, and there was a trend that on some days, the nursing rounds exceeded up to four hours. Although the registered provider had access to the information showing repeated delays in medication administration times, there was no effective monitoring or improvement action to address this and therefore repeat findings occurred in this area.
- The oversight of residents' seating arrangements and equipment required review. Residents told inspectors they found it difficult to use the low seating in communal areas and staff told inspectors residents in wheelchairs had to remain in these chairs throughout the day as the couches were unsuitable for their seating needs. The registered provider told inspectors that they were aware of the issues with the current seating. While they had begun to replace some chairs in one communal area on the ground floor, there was no clear timebound action in place to address this for all areas of the building.
- The inspectors were not assured that there was sufficient oversight and monitoring of residents' health care needs. There were repeat findings on this inspection where best-evidenced practice and recommendations from the health care practitioner were not always being implemented. This particularly related to pressure-relieving mattresses incorrectly set up. These findings are discussed under Regulation 6: Health care.
- The oversight of fire safety was not robust or effective. An immediate action was issued on the day of the inspection to mitigate a significant risk to safety in respect to storage of highly flammable items in a high risk area and the provider's response did provide assurance that it had been addressed. In addition, the registered provider had commissioned a fire safety risk assessment in November 2021, which was due for review in November 2022, yet this had not yet occurred. Further gaps identified under this regulation are discussed under Regulation 28: Fire precautions.

Judgment: Not compliant

Regulation 30: Volunteers

There was one volunteer in the centre, they were Garda vetted, supervision arrangements were in place and they were provided with a written outline of their role and responsibilities.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors reviewed a sample of four complaints. Records showed that complaints were recorded and investigated by the management team. There was evidence that complaints were concluded as soon as possible, with the complainant informed of the outcome of the investigation and any improvements recommended.

Judgment: Compliant

Quality and safety

Overall, all interactions from staff members and residents observed on the day of inspection were kind and courteous. Residents and visitors voiced their satisfaction with the care provided in the centre. Residents had opportunities to participate in meaningful, coordinated social activities led by enthusiastic activities coordinators who supported their interests and capabilities, however this was not consistent in all areas of the centre. While there was a schedule of activities in place, there were a number of occasions where the residents' rights to participate in activities were not fully upheld as described under Regulation 9: Residents' rights.

The inspectors reviewed a sample of care records for a number of residents located on the second floor. Based on the sample of resident files reviewed, residents did not always have an appropriate assessment fully completed and person-centred care plans in place, which reflected residents' needs and the support they required to maximise their quality of life. Details of issues identified are set out under Regulation 5: Individualised assessment and care plan.

Residents had access to GP services and a range of health and social care professionals. Residents' records showed that timely referrals were sent to health care services such as the dietitian, speech and language therapy, the

physiotherapist and tissue viability nursing. However, not all recommendations received from the health care professional and manufacturers advice in respect of residents' equipment and medication administration were adhered to, as evidenced under Regulation 6: Health care.

The registered provider ensured there was safeguarding measures in place and all staff had completed online training in safeguarding of vulnerable adults. However, there were two occasions where residents who were involved in a safeguarding incident requiring notification to the Chief Inspector did not have an up-to-date care plan specific to this. This required review to ensure up-to-date information was available for staff to follow when providing care.

Residents had access to lockable storage space in their bedrooms and there was adequate space to store their personal belongings. There was a system in place to support residents to manage their finances within the centre if they desired.

The premises of the designated centre were generally appropriate to the number of residents. However, inspectors saw that a communal area on the first floor was not available to residents or their families during the day of the inspection. In addition, not all equipment available for residents' use was appropriate for the use of residents with mobility and cognitive impairment. Findings in this regard are presented under Regulation 17: Premises.

The registered provider had a fire safety policy and there was evidence of fire drills taking place, however the registered provider was required to take immediate action on the day of inspection to rectify a high risk issue relating to poor storage practices found which impacted on fire safety practices. The action taken by the provider, ensured that this was resolved before the end of the inspection. Some further findings of non-compliance identified with this regulation is discussed under Regulation 28: Fire Precautions.

The inspectors observed good practices in how the medicine was stored in medication trolleys and cupboards. However, inspectors noted inappropriate ventilation in treatment rooms, which did not support safe medication storage. This is outlined under Regulation 29: Medicines and pharmaceutical services.

Regulation 11: Visits

There were no restrictions on visiting arrangements in the centre. Visitors were observed attending the centre throughout the day of the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings, including lockable storage.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises was in accordance with the statement of purpose for which the centre is registered with. For example, an ADON was using a communal area on the first floor for administrative purposes. This meant that residents or their families did not have access to this communal space on the day of the inspection.

The premises did not fully conform to the matters set out in Schedule 6 Health Act Regulations 2013, and further action was required to be fully compliant. For example;

- There were unsuitable adaptions, and such support and equipment provided for residents. Inspectors found there was inadequate seating arrangements for residents with mobility impairment. Inspectors were told that the low-level seating in communal areas were not suitable for some residents' use, resulting in several residents being accommodated to sit in transit wheelchairs for a number of hours during the day, mainly without a seating cushion.
- Ventilation required review in some areas of the designated centre. For example, the temperature in two clinical rooms where medication was stored was recorded as over 25 degrees. The ventilation of one sluice room was not working on the day of the inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

A varied menu was available daily, providing a range of choices to all residents, including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

A guide for residents was available in the centre. The guide contained information about the services and facilities provided, including the complaints procedures, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined by the Regulation. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire, and did not provide suitable firefighting equipment for example:

- Flammable and combustible items included high risk items such as spray paint and a petrol power washer were observed stored in the plant room, alongside combustible items such as building materials and cardboard. This room is a high risk area and the provider took immediate action to reduce the risk of fire.
- In addition, flammable items such as alcohol based hand gel and charging points of electrical equipment were not segregated and were stored in high risk rooms which contained fuse boards.

The registered provider did not ensure the means of escape were appropriately maintained and unobstructed. For example:

- The inspectors observed poor staff practices with chairs being used to hold doors into a communal room open. In the event of a fire these doors would be ineffective at containing smoke and fire. Inspectors observed there were no automatic door closure devices on these doors.
- Some cross corridor doors were not fully closing and therefore would not provide adequate protection against the spread of smoke or fire.

Improvements' were required in the arrangements to safely evacuate residents. For example, in a sample of seven Personal Emergency Evacuation Plan (PEEPs) reviewed, four had gaps or insufficient detail to inform the evacuation requirements. For example, a checklist form detailed all residents required wheelchair evacuations,

however further information on the document listed that these residents' required ski-sheet assistance at night time.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed that the temperature in some of the treatment rooms reached 27-28 degrees Celsius for a number of months. This environment did not ensure that all medications were stored safely, which could pose a risk of their efficacy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Based on the sample of residents' files reviewed, action was required in individual assessment and care plans to ensure the needs and goals for the care of each resident are appropriately assessed and a care plan is prepared to meet these needs. For example:

- Some of the manual handling assessments (MHA) were not completed in full, and there were gaps in the instructions to guide staff on how to mobilise residents safely. In addition, some of the MHA did not reflect the instructions for mobilising completed by the physiotherapist, which posed a risk to the resident.
- Care plans were not person-centred. All care plans reviewed stated the same goals for residents' care and did not reflect the individual care needs of each resident in line with assessment, and the personal needs of residents were also not outlined.
- The care plans for pressure ulcer care and urinary catheter care had a historical note recorded and did not reflect the resident's current condition, the latest plan of care recommended by the health care professional or the date for the following catheter change.
- A review of safeguarding care plans showed that on two occasions residents who were involved in safeguarding incidents did not have their care plan updated to reflect the incidents. This did not ensure that staff had up-to-date information regarding their care.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were not assured that appropriate health care, including a high standard of evidence-based nursing care, was provided to all residents reviewed. For example:

- Inspectors observed that a number of pressure-relieving mattresses were not set up accurately according to residents' weights. This is a repetitive finding from the last inspection and could potentially pose a risk to residents' skin integrity.
- Inspectors observed several residents sitting for a number of hours during the day in transit wheelchairs with no pressure relieving devices. Most of these residents were assessed as at-risk or at high risk of pressure ulcers.
- Where the physiotherapy assessment advised that the transit wheelchair was to be used for short or long distance transfer only, this recommendation was not always adhered to.
- A high standard of evidence based nursing care in accordance with professional guidelines was not always in pace as inspectors saw numerous examples where medication was administered outside the recommended times, which is within one hour from the prescribed time.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. All staff had completed online safeguarding training and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

The registered provider was a pension-agent for some residents. Inspectors were shown evidence of a newly opened resident's bank account that was specific to the designated centre. While there had been no money transferred at the time of the inspection, inspectors were informed by management that this process was scheduled to begin shortly.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that residents on the ground and first floor had good opportunities to participate in activities in accordance with their interests and capacities and numerous examples of positive engagement was seen in these areas. Inspectors found that for residents on the second floor, they did not have the same access to

meaningful engagement. Inspectors observed residents sitting watching television with long intervals of no supervision from staff.
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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Residence Carton OSV-0005800

Inspection ID: MON-0044585

Date of inspection: 10/09/2024

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC is reviewing progress with training on a weekly basis and this is monitored by the Regional Manager. Staff training on fire safety and HACCP will be completed by 30th November 2024. Compliance with training will be monitored during monthly clinical governance meetings.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of all PEEPs has commenced and will be completed by 31/10/2024 to ensure that all are up to date and reflective of each individual's assessed needs and that they will guide staff to safely evacuate residents in the event of an emergency. The PIC has ensured communal area on the first floor is available for residents use at all times. This will be monitored by the Regional Manager- complete and ongoing Activity Program for the Centre has been reviewed to ensure equal access to all the floors. The PIC oversees the Centre's activity programme on a weekly basis and will be monitored by the Regional Manager monthly during Clinical Governance Meetings- complete and ongoing From 1st October 2024, a medication administration report will be printed on a monthly	

basis. The data will be reviewed to take improvement actions to ensure medications are in line with prescribed recommendations- complete and ongoing

The seating arrangements for each resident were reviewed and individual actions taken to ensure suitable seating are available for all residents, in line with their assessed needs and preferences. An additional number of chairs were purchased to enhance availability of appropriate seating in the communal areas. All additional/replacement chairs will be in place by end 31st of December 2024.

All pressure relieving mattresses are now monitored on a weekly basis settings are correct and appropriate to individual residents. This will be overseen by the Director of Nursing- complete and ongoing.

The maintenance team will monitor appropriate use of the plant room and the room with fuse board on a weekly basis. The PIC and the Regional Director will additionally monitor storage in this area- complete and ongoing

A fire door audit will be completed by end of November 2024 and remedial works, along with an updated Fire Risk Assessment will be completed by end of Q1 2025.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The seating arrangements for each resident were reviewed and individual actions taken to ensure suitable seating are available for all residents, in line with their assessed needs and preferences. An additional number of chairs were purchased to enhance availability of appropriate seating in the communal areas. All chairs will be in place by end 31st of December 2024.

The room temperature for both treatment rooms is being monitored and potential solutions to reduce temperature in these rooms are being examined. A solution will be in place by 31st December 2024.

The ventilation for the sluice room has been rectified- complete

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A review of all PEEPs has commenced and will be completed by 31/10/2024 to ensure that all are up to date and reflective of each individual's assessed needs and that they will guide staff to safely evacuate residents in the event of an emergency.

The maintenance team will monitor appropriate use of the plant room and the room with fuse board on a weekly basis. The PIC and the Regional Director will additionally monitor storage in this area- complete and ongoing

The seating arrangements for each resident were reviewed and individual actions taken to ensure suitable seating are available for all residents, in line with their assessed needs and preferences. An additional number of chairs were purchased to enhance availability of appropriate seating in the communal areas. All chairs will be in place by end 31st of December 2024.

A fire door audit will be completed by end of November 2024 and remedial works, along with an updated Fire Risk Assessment will be completed by end of Q1 2025.

The maintenance team carry out a daily check on the fire doors to make sure they unobstructed- complete and ongoing

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The room temperature for both treatment rooms is being monitored and potential solutions to reduce temperature in these rooms are being examined. A solution will be in place by 31st December 2024.

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:

The PIC will review all manual handling assessments to ensure they are completed in full and include recommendations from the physiotherapist. This will be completed by 30.11.24

From 1st October 2024, the monthly person-centered care planning and assessments audit will be overseen by the person in charge and the regional director at the monthly governance meeting to ensure that staff include all relevant and up-to-date information including personal goals, and individual care needs to guide resident care- complete and ongoing

From 1st October 2024, the PIC will ensure care plans are updated following safeguarding incidents and will be audited during each clinical governance meeting monthly by the Regional Director- complete and ongoing

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

All pressure relieving mattresses are now monitored on a weekly basis settings are correct and appropriate to individual residents. This will be overseen by the Director of Nursing- complete and ongoing.

The seating arrangements for each resident were reviewed and individual actions taken to ensure suitable seating are available for all residents, in line with their assessed needs and preferences. An additional number of chairs were purchased to enhance availability of appropriate seating in the communal areas. All chairs will be in place by end 31st of December 2024.

From 1st October 2024, a medication administration report will be printed on a monthly basis. The data will be reviewed to take improvement actions to ensure medications are in line with prescribed recommendations- complete and ongoing

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Activity Program for the Centre has been reviewed to ensure equal access to all the floors. The PIC oversees the Centre’s activity programme on a weekly basis and will be monitored by the Regional Manager monthly during Clinical Governance Meetings- complete and ongoing

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.	Substantially Compliant	Yellow	30/11/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2024
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	30/12/2024

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/12/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/12/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	14/09/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	31/10/2024

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	31/12/2024
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	Substantially Compliant	Yellow	31/10/2024

	concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	30/11/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	14/09/2024