



**Health  
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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:	Áras Deirbhle Community Nursing Unit
Name of provider:	Áras Deirbhle Community Nursing Unit
Address of centre:	Aras Deirbhle, Belmullet Community Hospital, Belmullet, Mayo
Type of inspection:	Unannounced
Date of inspection:	15 October 2024
Centre ID:	OSV-0000644
Fieldwork ID:	MON-0044207

## About the designated centre

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

The following information has been submitted by the registered provider and describes the service they provide. The designated centre provides 24-hour nursing care to 30 residents over 65 years of age, male and female who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre is a single story building opened in 1975. Accommodation consists of seven twin bedrooms and sixteen single bedrooms. Communal facilities include dining/day room, an oratory, visitors' room, hairdressing salon, smoking room and a safe internal courtyard. Residents have access to three assisted showers and two bathrooms. The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	22
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## 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 15 October 2024	09:00hrs to 18:00hrs	Celine Neary	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector observed resident and staff interactions and found that residents appeared to be content and relaxed in the company of staff. The overall feedback from residents was that they were generally happy with their life in the centre and were well cared for. Residents told the inspector that they felt safe living in this centre and were happy with the services provided.

This was an unannounced inspection carried out over one day to inform an application made regarding the designated centres registration renewal and to follow up on the current governance and management arrangements in the centre. On arrival to the centre the inspector was greeted by the clinical nurse manager who was deputising for the person in charge who was on planned leave. The inspector was guided through the infection prevention and control measures in place and informed that staff were wearing face masks as there were three suspected cases of respiratory infection in the centre. The inspector observed that appropriate infection prevention and control measures were in place and staff were observed wearing personal protective equipment (PPE) appropriately when providing direct care to these residents. The clinical nurse manager (CNM) facilitated the inspection.

Aras Deirbhle is a community nursing unit operated by the Health Service Executive and located on the campus of Belmullet Community Hospital. The facility was situated on the outskirts of Belmullet, County Mayo overlooking the sea where the location provided lovely views of the surrounding countryside and coastline. It is a single storey purpose built building and the accommodation comprised of four twin en-suite bedrooms and 22 single bedrooms. The layout also included a large communal lounge which looked onto the sea, a welcoming visitors room, an oratory, a hairdressing room, reception area, a smoking room and number of seating areas along the corridors. There was also access to a courtyard garden for the residents to enjoy throughout the year.

The inspector completed a walk around of the centre on the morning of the inspection together with the clinical nurse manager. This gave the inspector the opportunity to meet and speak with residents living in the centre and observe staff interactions and the care provided. The inspector observed that there was a friendly, calm and relaxed atmosphere throughout.

The inspector observed that residents were attended to in a timely and courteous manner and call bells were responded to in good time. There was a visible presence of nursing and care staff throughout the centre which provided for good supervision and safe care of residents.

The entrance area was bright, airy and welcoming. The building was warm and the environment including residents' bedrooms, communal areas and toilets were clean. There were a sufficient number hand washing facilities and alcohol hand gel

dispensers throughout the centre and the inspector observed staff using good hand hygiene techniques during the day.

In the morning there was an odour of smoke in one area close to the smoking room but maintenance staff came to repair the extractor fan in the smoking room and the inspector did not find any odour that afternoon or evening.

The inspector visited the laundry and sluicing facilities in the centre and found them to be suitable for their intended purpose. A new system whereby each resident had their own labelled laundry bags was proving to be successful and clothes were returned rightly to each resident. There was also sufficient storage in the centre which ensured that there was appropriate segregation of clinical and non clinical items. All equipment used to support residents with their care needs was observed to be clean and well-maintained.

The communal area was a large bright and colourful space with panoramic views of the ocean. It was nicely decorated with residents arts and craft works, halloween decorations, a fire place, book shelves and a domestic style kitchen area and dining area.

The inspector spoke with seven residents throughout the day. The inspector sat with one resident as they proudly showed their knitting and explained how they were knitting small circular pumpkins for the Halloween festivities ahead. Another resident told the inspector how delighted they were to have transferred from another nursing home to Aras Deirbhle after waiting sometime and that they were "much happier living in this one". The inspector asked several residents if they liked the food and overall the feedback was very positive. The dining room had been refurbished and provided a more homely and comfortable dining experience for residents, however many residents chose to have their meals in the communal day room. The main meal options available for residents on the day of the inspection included roast chicken or roast pork with a selection of vegetables and mash potato.

Staff demonstrated good skills and knowledge using appropriate techniques to encourage residents to participate in activities in line with their capacity to engage. Staff had completed specialist training in delivering activities and the inspector observed the benefits of this training being implemented with the various activities on offer for residents. One resident told the inspector how they enjoyed playing basketball with balloons, doing arts and crafts and participating in different music sessions on offer. Residents and staff were planning a local trip to Srah beach and also enjoyed hearing about the local news headlines from their community. An activity schedule was advertised in the centre which gave residents information on the activities that were planned during the week. The inspector observed that live streamed mass, bingo, baking and giant crossword activities were also on offer throughout the week.

The next two sections of the report will provide further detail in relation to the governance and management arrangements in place and on how these arrangements impact on the quality and safety of the services provided.

## Capacity and capability

Overall, this inspection found that the designated centre was well-managed for the benefit of the residents who lived there. There was an experienced management team in place who worked hard to ensure that safe and appropriate care and services were provided for the residents and that residents rights were upheld. As a result this inspection found high levels of satisfaction reported by residents and their visitors and good compliance with the regulations. However, some improvement was required in the oversight of staff training and development and the governance and management of the centre.

The purpose of this unannounced inspection was to follow up on the compliance plan submitted following the last inspection in May 2024 and review the current governance and management arrangements and staffing resources in place. The clinical nurse manager (CNM) facilitated the inspection. The person in charge was on planned leave. There were 22 residents accommodated in the centre on the day of the inspection and eight vacancies.

The registered provider of this centre is the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge (PIC) worked full time but also has responsibility for the Belmullet Community Hospital which is on the same site. The PIC was on a roster for the designated centre but it was difficult to determine how much of their time was allocated to the day to day running of the centre as their office was located in the community hospital.

The person in charge had been absent from the centre for an extended period of time from March 2024 to September 2024 and the Chief Inspector had attached a restrictive condition to the registration of the centre which meant that new admissions were not permitted until such time as a person in charge was back working in the centre. Following the return of the person in charge to the centre the provider had submitted representation to have this restrictive condition removed and allow the centre to re-open to new admissions.

Since the last inspection in May 2024, the clinical nurse manager, who deputises when the person in charge is not in the centre, had been allocated full time management hours to carry out their role. A review of staff rosters and allocations confirmed that the CNM was afforded these hours and did not work as a staff nurse providing direct clinical care. However, this inspection identified that the registered provider had failed to appoint a second clinical nurse manager in line with their own statement of purpose and that this position had been vacant since June 2023. This meant that there was an over reliance on the person in charge and the clinical nurse manager to perform their roles and responsibilities effectively and furthermore this arrangement was unsustainable. A review of audits identified that greater oversight of the service was required whereby audits had not been completed in key areas such as, staff training, incidents and falls, restrictive practice, staffing, premises and

risks in the centre. Further more, from a review of the rosters from October to November the inspector noted that both the person in charge and clinical nurse manager were absent from the centre on the same day over three separate occasions leaving the centre without suitable deputising arrangements in place.

Staffing and skill mix were appropriate to meet the assessed needs of the residents. The team providing direct care to residents consisted of at least one registered nurse on duty at all times. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with the residents.

The clinical nurse manager provided clinical supervision and support to all the staff and deputises for the person in charge when absent from the centre. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. While the centre utilises agency staff nurses, this did not negatively impact on the care delivered to the residents as the agency staff worked regularly in the centre and were familiar with the residents care needs and preferences.

Greater oversight was required in the training and development of staff. The inspector identified that the training records for staff working in the centre were not up to date and could not be assured that all staff had completed their mandatory training. For example, some staff were not up to date with fire training, manual handling or infection prevention and control training.

Systems for monitoring the quality and safety of the service required improvement. Although the management team within the centre had completed some audits on medication management, care planning and hygiene greater oversight of other key area's of the service were required to ensure a quality and safe service and where improvements were required that these were identified and addressed. Furthermore, there was no evidence made available to the inspector that senior governance and management meetings had taken place in order to monitor and review the safety and quality of the service provided.

There was a directory of residents made available to the inspector. This included all the necessary information required such as their next of kin or any person authorised to act on the residents behalf.

There was a complaints policy in place which did incorporate the legislative changes to Regulation 34. A review of records confirmed that there was low levels of complaints received. The complaints procedure was available in the reception area. Advocacy services posters were on display in the centre and residents spoken with were aware of who to make a complaint to.

The provider had an up to date statement of purpose in place that included the information set out in Schedule 1 of the regulations.

## Registration Regulation 4: Application for registration or renewal of registration



The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

There was a person in charge who met the regulatory requirements. The person in charge was an experienced registered nurse. They worked full time in the designated centre and had responsibility for the adjoining community hospital. The person in charge had returned to work in the centre and was undergoing a phased return to full time work. Deputising arrangements in the centre had improved as the clinical nurse manager had been allocated full time management hours to support the person in charge and carry out their management role and responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre. A review of the rosters for September, October and November provided adequate assurances that the centre had sufficient staff resources in place.

Judgment: Compliant

#### Regulation 16: Training and staff development

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

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

- Fire safety training
- Manual Handling
- Infection Control
- Hand Hygiene

Judgment: Not compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents. This included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Although the provider had adequate resources in place to ensure the effective delivery of care in accordance with their statement of purpose, the inspector found that the management structure and management systems within the centre required further improvements. For example,

- One clinical nurse manager position remained vacant since June 2023 which meant that the person in charge and clinical nurse manager, who deputises in the absence of the person in charge, were not supported in their management responsibilities.
- Audits completed for 2024 were limited and had not identified deficits found by the inspector in relation to care planning or the oversight of mandatory staff training.
- There was no evidence of senior management meetings held with the person in charge and the provider to monitor the quality and safety of the service provided.
- The training matrix provided had not been updated to accurately reflect recent training.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre. The statement of purpose had been reviewed in the previous 12 months.

Judgment: Compliant

## Regulation 34: Complaints procedure

Complaints were well managed:

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre.

The centre's complaints procedure was updated and in line with the regulations.

The inspector viewed a sample of complaints, all of which had been managed in accordance with the centre's policy, and included the outcome and any areas for improvement were identified.

Contact details for advocacy services were also on display in the centre.

Judgment: Compliant

## Quality and safety

Residents living in this centre were well supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected and their rights upheld. There were many opportunities available for social engagement and staff were observed to be respectful and kind towards the residents. The inspector observed that residents were provided with a high standard of nursing and health care in line with their needs and preferences.

The centre is a single story purpose built facility providing accommodation for 30 residents in single and double rooms. Overall most bedrooms are well proportioned with ease of access for residents. Each bedroom had a built in ceiling hoist to assist residents with moving and personal care. The inspector observed that some residents had brought in personal items and photographs from home to decorate their bedrooms. Rooms were warm, clean and bright. However, the wardrobes in four bedrooms were partially blocked by the bed and residents could not easily access their clothes and personal belongings. The provider was in the process of accessing sliding doors for these four wardrobes to improve the residents access to their personal possessions.

The environment was homely and well decorated and there was a calm and friendly atmosphere in the centre. There were additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. The inspector observed that all residents had access to call bell facilities in their bedrooms and they were placed within close reach.

The centre was clean, well maintained and storage practices had greatly improved since the last inspection which meant that residents communal spaces were no longer inappropriately used to store equipment and supplies. The premises was well maintained to a good standard, with the exception of the exterior of the premises which required painting. The communal facilities were spacious and comfortable for residents to enjoy. Each bedroom had a built in ceiling hoist if required by high dependency residents and there was sufficient equipment available such as comfort chairs, pressure relieving mattresses and cushions.

The inspector observed residents having their lunch time meal and found that residents who required assistance were assisted by staff in an unhurried and patient manner. Daily menu's were on display in the dining room and residents could chose from two options at each meal time. The dining room had been redecorated to make it more homely and inviting with table cloths and brightly coloured walls.

The centre was visibly clean and had procedures in place in line with the national standards of infection prevention and control. Housekeeping was of a high standard and the staff were knowledgeable of their role and responsibility to prevent and control infection in the centre. There was adequate supplies of personal protective equipment and staff were observed completing hand hygiene before and after providing care and support to residents. The community public health team was visiting the centre and provided positive feedback to the inspector regarding the centre's overall management of infection prevention and control measures in place. Vaccinations had been scheduled for residents for the following day. Three residents were showing signs and symptoms of respiratory infections and these residents had tested and were awaiting results. Appropriate infection and prevention control measures were in place while these results were awaited.

Residents' assessments were undertaken and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. A sample of care plans viewed by the inspector were generally comprehensive and person-centred. Care plans were generally sufficiently detailed to guide staff in the provision of person-centred care. However, not all care plans had been updated or reviewed in line with the regulations. From a review of a sample of information required on transfer of residents to and from acute services this was found to contain the correct information and the national transfer document was now in use.

Residents had access to a range of medical and health care supports. The general practitioner attended the centre on a regular basis and there were out of hour arrangements in place for medical cover. Access to allied health care such as physiotherapy, chiropody and speech and language services were in place and resident medical records confirmed that residents were in receipt of these services. However, there was no dietetic service in place which was a repeat finding from the last inspection in May 2024.

Staff had been facilitated to attend training to ensure that they had up-to-date knowledge and skill with managing residents predisposed to experiencing episodes of responsive behaviours. Staff maintained a positive and supportive approach to

managing residents' responsive behaviours. The inspector found that there was a low use of restraint in the centre and the national restraint policy guidelines were implemented. However, there was an over reliance on the use of some sensor alarms during the day while residents were sitting with staff in their communal day room. This practice required review to ensure this equipment was used in the least restrictive manner and for the least period of time to ensure the safety of the resident and to minimise disruption caused by alarms going off to other residents in the communal lounge. The inspector observed these sensor alarms sounding repeatedly in a short space of time while residents were trying to rest.

There was a planned programme of social activities each day which included day trips to area's of interest in their local community. Staff provided care and support for residents which was kind, courteous and patient. There were many opportunities available for social engagement and staff were observed interacting, chatting and laughing with the residents throughout the day. Residents had access to all their communal area's including their courtyard garden and dining room throughout the day.

There were regular resident meetings occurring in this centre which were well documented and provided residents with the opportunity to give feedback on the service provided. These meetings covered a range of topics that were important to residents and included items such as catering, activities, outings, fire drills, complaints and service improvement ideas. Residents told the inspector they enjoyed the activities provided and the visits from their loved ones.

## Regulation 12: Personal possessions

Residents in four bedrooms did not have adequate space to store their clothes and other personal possessions. The wardrobe doors were partially blocked by the residents bed and could not be opened fully. This is a repeat finding from the last inspection. However, the registered provider was in the process of addressing this and had a plan in place to install sliding doors to facilitate residents access to their possessions.

Judgment: Substantially compliant

## Regulation 17: Premises

The provider had addressed actions as outlined in their compliance plan following the previous inspection. Storage of health care equipment and supplies had improved and were stored appropriately in the centre. Equipment had been removed from the oratory and a number of large items of equipment not in use had been recently removed from the centre.

All furniture was in a good state of repair and the provider had a plan in place to install new wardrobes with sliding doors in four bedrooms to improve residents access to their personal belongings.

The centre was well maintained throughout and access to maintenance staff was timely and effective. Maintenance staff were on site on the day of inspection to carry out work as requested.

Judgment: Compliant

### Regulation 18: Food and nutrition

The inspector observed a mealtime sitting in the dining room and was reassured that residents were offered choice and were supported with eating and drinking. The dining room had been refurbished and was more homely and inviting. There was generous portions of food available and it appeared wholesome and nutritious. Staff were knowledgeable on each residents dietary requirements and provided assistance at mealtimes that was respectful and unhurried. Residents were observed enjoying and finishing their meals.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider had implemented all actions from their previous compliance plan and had ensured that procedures were consistent with the standards for the prevention and control of healthcare associated infections. The community public health team visited the centre on the day of inspection and were in the process of organising vaccinations for residents as required.

The provider had allocated sufficient staff resources to clean and maintain the centre. There was sufficient clinical hand washing sinks and wall mounted hand sanitizers throughout the centre. Staff were observed completing hand hygiene between points of care and personal protective equipment was worn appropriately. There was effective management of laundry facilities in place to ensure clean and soiled laundry did not come into contact. The centre had sufficient sluicing facilities in place in the centre and equipment was appropriately segregated to reduce the risk of cross contamination.

Judgment: Compliant

Regulation 6: Health care
The registered provider had failed to provide timely access to a dietetic service for residents and failed to implement their own compliance plan submitted following the last two inspections in May 2024 and November 2023.
Judgment: Substantially compliant
Regulation 7: Managing behaviour that is challenging
Although staff had received appropriate training and were observed caring for residents that displayed challenging behaviour the inspector observed that the care of one resident was not responded to in a manner that was least restrictive and furthermore the measures in place caused a disturbance to other residents in close proximity.
Judgment: Substantially compliant
Regulation 8: Protection
The registered provider had taken reasonable measures to protect and safeguard residents from abuse. Staff had received training in relation to the detection and prevention of abuse and any concerns that had been raised had been appropriately and fully investigated.
Judgment: Compliant
Regulation 9: Residents' rights
The registered provider had made significant improvements in relation to facilities for occupation and recreation. All residents were equally afforded opportunities to participate in activities in accordance with their interests and capacities. Residents were encouraged to exercise choice and were involved in their care decisions. Residents could undertake personal activities in private and had access to information about local matters and current affairs. Residents and families also had access to independent advocacy services within the centre, if required.
Judgment: Compliant

Regulation 5: Individual assessment and care plan
The inspector reviewed a sample of care plans and found that although they were clear, well written and person centred not all care plans had been updated within the last four months.
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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

# Compliance Plan for Áras Deirbhle Community Nursing Unit OSV-0000644

Inspection ID: MON-0044207

Date of inspection: 15/10/2024

## 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:  Regular training in Fire, manual handling and hand hygiene is continuing. All staff are expected to be in date for mandatory training by February 2025.  Staff will complete HSE land Training for Infection control.  Training matrix in place and is reviewed and updated.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:  <ul style="list-style-type: none"><li>• Acting Clinical Nurse Manager 1 post had been taken up but person subsequently resigned. Post resubmitted for approval and recruitment on permanent basis.</li><li>• Regular audits to be carried out on resident records and training records.</li><li>• Senior management meeting in place with PIC and MOPS.</li><li>• Training matrix in place and updated regularly.</li></ul>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>We are providing new doors to the wardrobes that open horizontally to them and leave them accessible.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Residents are referred to primary care dieticians as required but they are unable to support at present. A number private companies have been approached and are looking at availability to provide service. The lack of dietetic services has been risk assessed and escalated to Senior Management risk register.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Resident reassessed. After trials as to efficacy, sensor system has been sourced for use when required.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Resident care plans will be reviewed at regular intervals to ensure that they have been updated at four monthly intervals in conjunction with resident and or family member/significant person.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	28/02/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2025
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Substantially Compliant	Yellow	31/03/2025

	specifies roles, and details responsibilities for all areas of care provision.			
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	07/11/2024
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 concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional	Substantially Compliant	Yellow	28/02/2025

	guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	28/02/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	28/02/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	28/02/2025