



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

Issued by the Chief Inspector

Name of designated centre:	Tramore Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Newtown, Tramore, Waterford
Type of inspection:	Unannounced
Date of inspection:	29 May 2024
Centre ID:	OSV-0008484
Fieldwork ID:	MON-0039670

About the designated centre

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

Tramore Nursing Home is a purpose-built facility which can accommodate a maximum of 93 residents. It is a mixed gender facility catering for dependent, persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care.

Tramore Nursing Home is situated in a seaside resort on the Golf Links road close to amenities such as The Guillemene, The Donneraile Walk, Tramore Golf Club and The Promenade. We are accessible by car, walking and we are on a local bus route.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	75
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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 29 May 2024	09:10hrs to 17:35hrs	Mary Veale	Lead
Thursday 30 May 2024	09:10hrs to 16:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. Based on the observations of the inspector, and discussions with residents, staff and visitors, Tramore Nursing Home was a nice place to live. There was a welcoming and calm atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. The inspector spoke with 13 residents in detail on the days of inspection. Residents spoken with were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. Residents' stated that they were well-looked after and that the staff were always available to assist with their personal care or other needs.

The inspector spent time observing residents' daily life in the centre in order to gain insight into the experience of those living in the centre. Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' stated that the staff were kind and caring. Residents' said they felt safe and trusted staff. Residents were observed engaging in a positive manner with staff and fellow residents throughout both days and it was evident that residents had a good relationships with staff, and residents had build up friendships with each other. There were many occasions throughout the days of inspection in which the inspector observed laughter and banter between staff and residents. The inspector observed that staff knocked on residents' bedroom doors before entering. Residents very complementary of the person in charge, staff and services they received.

Tramore Nursing Home is a purpose built three storey designated centre registered to provided care for 93 residents on the outskirts of the seaside town of Tramore in County Waterford. There were 76 residents living in the centre on the days of the inspection. The design and layout of the centre promoted a good quality of life for residents. Residents had access to communal spaces on the ground and first floors which included two large day rooms, two large dining rooms, two activities rooms, two lounge areas, two quiet rooms and an oratory on the ground floor. Residents had access to a hair salon on the ground floor. The environment was modern, clean and decorated tastefully. Armchairs, chairs and tables were available in all communal areas. Corridor areas were sufficiently wide with assistive handrails on both sides. The centre had a production kitchen, laundry, offices, store rooms, a staff canteen, staff changing rooms and maintenance rooms located in the basement of the centre. There was an outdoor smoking shelter for residents who chose to smoke. Alcohol hand gels were available in all corridor areas throughout the centre to promote good hand hygiene practices.

Bedroom accommodation consisted of 81 single and six twin bedrooms, all with large en-suite toilet facilities. En-suite toilet facilities included a toilet, shower and wash hand basin. Residents' bedrooms were clean and tidy. Bedrooms were personalised and decorated in accordance with residents' wishes. Lockable storage

space was available for all residents and personal storage space comprised of a bedside locker, a set of drawers and double wardrobes. All bedrooms were bright and enjoyed natural light. The inspector observed that residents had access to call bells in their bedrooms and en-suite toilets on the days of inspection. The privacy and dignity of the resident's accommodation in the twin rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Voile privacy curtains were in place on all bedroom windows. Residents had access to an assisted bathroom on the ground floor and an assisted shower room on the first floor.

Residents had access to two enclosed courtyard garden area from the main reception area and from corridor areas on the ground floor. The courtyards had level paving, comfortable seating, tables, and flower beds. Residents had access to a secure garden to the rear of the centre. The inspector observed residents in the courtyards and garden area on the days of inspection and was informed that residents were encouraged to use the garden spaces. On the days of the inspection all doors to the internal courtyards and the garden area were open and were easily accessible for residents. The centre's designated outdoor smoking area had been relocated to the rear garden area since the previous inspection.

Visitors whom the inspector spoke with were complimentary of the care and attention received by their loved one. Visitors were observed attending the centre over the days of the inspection. Visits took place in communal areas and residents bedrooms where appropriate. There was no booking system for visits and the residents who spoke with the inspector confirmed that their relatives and friends could visit anytime.

Residents' views and opinions were sought through resident committee meetings and satisfaction surveys. Residents said that they felt they could approach any member of staff if they had any issue or problem to be solved.

All residents whom the inspector spoke with were very complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in both dining rooms. There was a choice of two options available for the main meal. The inspector observed the dinner time experience in the dining rooms on both floors over the two days of inspection. The dinner time meals appeared wholesome, appetising and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The dinner time experience was a social occasion where residents were seen to engage in conversations and enjoying each others company. The inspector observed homemade baked snacks being offered to residents outside of meal times. Water dispensers were available on all floors.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. The weekly activities programme was displayed on notice boards throughout the centre and a weekly activities calendars were available in the resident's bedrooms. The inspector observed residents reading newspapers, watching television, listening to the radio,

and engaging in conversation. On the first day of inspection, residents were observed attending an exercise class and a bingo session. On the second day residents were observed attending a flower arranging session and a race day event. Visits and outings were encouraged and practical precautions were in place to manage any associated risks.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' whom the inspector spoke with on the days of inspection were happy with the laundry service. There were a small number of reports of items of clothing missing recorded in the complaints logs in the centre.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the regulations and standards and to follow up on the findings of the previous inspection of July 2023. Since the previous inspection, the inspector found that overall the provider was delivering a good service.

On this inspection improvements were found in care planning, managing behaviour that is challenging, protection, training and staff development, governance and management, infection prevention and control, medicines and pharmaceutical services and the complaints procedure since the previous inspection. On this inspection, the inspector found that further actions were required by the registered provider to come into compliance with Regulation 31: Notifications and areas of Regulation 9: Residents Rights, Regulation 20: Records, and Regulation 27: Infection prevention and control.

Mowlam Healthcare Services Unlimited Company is the registered provider for Tramore Nursing Home. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The company has three directors. There had been a change in the person in charge of the centre since the previous inspection. The person in charge reported to the regional healthcare manager, who reported upwards to the director of care and then to the registered provider. The person in charge worked full-time and was supported by an assistant director of nursing, two clinical nurse manager, a team of nurses and healthcare assistants, an activities co-ordinator, catering, administration and maintenance staff. Since the previous inspection the provider had contracted its household service to a private provider. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge had access to facilities available within the Mowlam Healthcare group, for example, human resources. There were sufficient staff on duty to meet the needs of residents living in the

centre on the days of inspection.

Improvements were found in staff training since the previous inspection. There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre and there was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, management of challenging behaviour, and infection prevention and control.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the days of the inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff. However, further improvements were required in the safety of access to Schedule 3 records, this is discussed further under Regulation 21: Records.

Improvements were found in systems to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

There was a record of accidents and incidents that took place in the centre. Most notifications were submitted appropriately to the Chief Inspector of social services. However, there was one three day notifications that had not been submitted. Subsequent to the inspection this notification was submitted retrospectively. This is discussed further in this report under Regulation 31.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and displayed a good knowledge of the residents' needs and had good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the days of the inspection. The registered provider had ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were a minimum of three registered nurses in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safeguarding procedures. Staff had access to a group application platform which provided staff with easy access to the human resource specific training and group policies and procedures. Fire safety, dementia awareness, safeguarding, manual handling, food safety and infection prevention and control training was scheduled to take place in the weeks following the inspection. Staff were supervised by the person in charge, the assistant director of nursing and the clinical nurse managers.

Judgment: Compliant

Regulation 21: Records

All records as set out in Schedules 2, 3 & 4 were available to the inspector over the days of inspection. Further improvements were required to ensure that Schedule 5 records were maintained in a safe manner. For example;

- The inspector observed that the residents' nursing electronic records could be seen by members of the public whilst nursing staff were using the computers at the nurses station opposite room 6 on the ground floor and at the nurses station opposite room 50 on the first floor.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre.

The centre had an electronic and a supplementary paper-based auditing system. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care planning, falls, infection prevention and control, medication management, restrictive practice, call bells, wound management, and observational audits. Audits were objective and identified improvements. Records of local management and staff meetings showed evidence that actions required from audits were completed and provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included key performance indicators (KPIs), training, fire safety, care planning, and resident's feedback. The person in charge completed a monthly action register with action plans for improvement from audits and meetings which was discussed with the healthcare manager. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, post falls analysis, complaints and audits.

The annual review for 2023 was submitted to the Office of the Chief Inspector following the inspection. It set out the improvements completed in 2023 and improvement plans for 2024.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there was one incident as set out in Schedule 4 of the regulations that was not notified to the

office of the Chief Inspector within the required time frames. The person in charge submitted this notifications following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in Tramore Nursing Home enjoyed a good quality of life. Residents health, social care and spiritual needs were well catered for. On this inspection some further improvements were required to comply with areas of residents rights, and infection prevention and control.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP). Allied health professionals also supported the residents on site, where possible, and remotely, when appropriate. The centre had access to GP's from local practices who visited the centre.

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Improvements were found in medication management since the previous inspection. There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Fridge storage for medication had a record of daily temperature recordings. A pharmacist was available to residents to advise them on medications they were receiving.

Improvements were found in individual assessment and care planning. Validated risk assessments were regularly and routinely completed to assess various clinical risks

including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

A choice of home cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents' in both dining rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met.

The centre was clean, tidy and well maintained. Communal spaces and bedrooms were bright and comfortable. Alcohol gel was available, and observed in convenient locations throughout the building. Discreet locked cabinets were available on all corridors to store personal protective equipment (PPE). Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. The person in charge had completed infection prevention control (IPC) link nurse training. There were up to date IPC policies which included COVID 19 and multi-drug resistant organism (MDRO) infections. There was evidence of IPC meetings taking place regularly with agenda items such as shared learning discussions and actions required from specific IPC audits, for example; hand hygiene and environmental audits. Improvements were required in infection prevention and control which is discussed further in this report under Regulation 27.

Improvements were found in managing behaviour that is challenging. For resident's with identified responsive behaviours, nursing staff had identified the trigger causing the responsive behaviour using a validated antecedent-behaviour-consequence (ABC) tool. There were clear care plans for the management of resident's responsive behaviour. It was evident that the care plans were being implemented.

Overall residents' rights were supported in the designated centre, and residents had access to advocacy services and opportunities and facilities for meaningful occupational activities. However, residents' rights to consultation and their civil rights were not consistently upheld as the additional service charge required review. This is further discussed under Regulation 9: Residents' rights.

Regulation 11: Visits

Arrangements were in place for residents to receive visitors. The centre had arrangements in place to ensure the ongoing safety of residents. There were suitable private spaces for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The provider had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- Contents of urinals and urinary catheters were manually decanted into residents' toilets. This practice was not appropriate and could result in an increase environmental contamination and cross-infection.
- The storage of residents' wash basins and commode/bedpan lids on the floors

was observed in some residents' en-suite toilets. Such practice required review as it was not hygienic and it posed a risk of cross-contamination.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. A policy was available which included the safe disposal of expired or no longer required medications. Medicines on the first floor and ground floor were stored securely. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centre's policy on medication management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Resident's pre-admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. Care plans viewed by the inspector were comprehensive and person-centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of safe guarding, infections and falls. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident to review the care plan at intervals not exceeding 4 months.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Residents had

access to a mobile x-ray service referred by their GP. There was evidence of ongoing referral and review by allied health professionals such as psychiatry of old age, physiotherapy, dietitian, and speech and language therapy, as required. Residents had access to nurse specialist services such as advanced nurse practitioners, community mental health nurses, and tissue viability nurses. Residents had access to local dental, optician and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector reviewed a sample of care plans and saw that person-centred care plans, outlining where evident, triggers and appropriate interventions, to support residents with responsive behaviour. The use of bed rails was monitored by the management team and alternatives to bed rails such as low to floor beds were in use where appropriate. There was evidence of risk assessments when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

The centre had arrangements in place to protect residents from abuse. There was a centre-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with confirmed that they promptly report any concern regarding residents' safety or welfare to the centre's management team.

The centre acted as a pension agent for three residents. There were robust accounting arrangements in place and monthly statements were furnished. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and double signed by the resident or representative and a staff member.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents civil rights were always upheld and that they were consulted about or had opportunities to participate in the organisation of the designated centre. For example;

- The additional weekly fees outlined in the contracts of care required revision. Part A of the contract outlined an additional charge, to cover services including activities, physiotherapy, occupational therapy, speech and language therapy and dietitian. Part B of the contract listed these services and their individual charges. This fee was charged regardless whether residents availed of these services or not. Furthermore, the statement of purpose clearly outlines that residents shall be supported to access activities in the centre free of charge, and that speech and language therapy and dietitian services were free of charge under the HSE Medical Card scheme.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tramore Nursing Home OSV-0008484

Inspection ID: MON-0039670

Date of inspection: 30/05/2024

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • We will maintain records in a safe manner by providing screening to prevent the residents' nursing electronic records from being visible to people passing the nurses' stations whilst nurses are working on the desktop computers. The Facilities Manager has placed an order for the installation of appropriate screening for the nurses' stations and the reception desk; following the sign-off of fabrication drawings there will be an 8 to 10 week lead in time for completion of the installation. These works will be completed by 30th September 2024. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • One incident that had not been submitted to the Chief Inspector within the required time period was submitted during the inspection on the 31st of May 2024. • The PIC will review all incident reports and complaints to ensure that any notifiable incidents are submitted to the Authority within the required timeframe in accordance with legislative requirements. 	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- A review of infection control procedures has been completed and staff have been advised on the correct procedures for decanting urinals and urinary catheters. A further review of this change will be completed before 31st July to ensure compliance. The PIC and IPC lead nurse will monitor compliance by conducting random spot checks and ensuring that new staff are shown the correct decanting procedure during induction.
- The storage of residents' wash basins and commode/bedpan has been reviewed; there are hooks available in all en-suites to secure these items and keep them off the floor. Care staff and housekeeping staff have been made aware of the need to store these items on the hooks and not on the floor. A check of safe, appropriate storage has been added to the daily resident audit which is completed by senior management during their walkabout of the centre.

Regulation 9: Residents' rights

Substantially Compliant

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

- The Contract of Care has been revised and updated to ensure that all items included in the Additional Service Charge (ASC) are clearly laid out, and it includes an option for residents to opt out of the ASC and pay for individual services as they receive them. The Contract of Care clearly shows the services that are available free of charge via the HSE if they hold a medical card, and the option to avail of these services privately is costed in the event that they are unable to access them through the HSE.

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 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/09/2024
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	31/07/2024
Regulation 31(1)	Where an incident set out in 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	Not Compliant	Orange	31/05/2024

	its occurrence.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/07/2024