



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

Issued by the Chief Inspector

Name of designated centre:	Mullinahinch House Private Nursing Home
Name of provider:	Mullinahinch House Private Nursing Home Limited
Address of centre:	Mullinahinch, Monaghan
Type of inspection:	Unannounced
Date of inspection:	21 March 2024
Centre ID:	OSV-0000148
Fieldwork ID:	MON-0037506

About the designated centre

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

Mullinahinch House Private Nursing Home is a purpose built facility that can accommodate a maximum of 52 residents. It is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours general nursing care for both long term residents and short term such as respite, convalescence, palliative and end of life care. Based on a pre-admission assessment, residents with dementia can also be admitted if it is established that the facilities and services provided could adequately meet their needs. Care is provided for people with a broad range of needs: low, medium, high and maximum dependency. The centre is a two storey building situated 2.5 km from Monaghan town in a quiet country area on over an acre of landscaped gardens. Accommodation comprises of 30 single and 11 twin bedrooms, each with its own en-suite facility. There are also two common rooms, a dining room, day room, activities room, a hairdresser salon and an Oratory on site. There are sitting areas on both floors and there is a lift and stairs to enable access to the first floor. The centre's stated aims and objectives are to provide excellent health care, tailored to each individual resident needs in a place designed to emulate an environment as comfortable, welcoming, safe, and pleasant as residents' own homes. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Thursday 21 March 2024	09:00hrs to 17:00hrs	Celine Neary	Lead
Thursday 21 March 2024	09:00hrs to 17:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

There was a warm and happy atmosphere in the centre. Some residents spoken with had lived in the centre for many years, while others had been recently admitted. All residents and their families who spoke with the inspectors expressed satisfaction and contentment living in the designated centre.

This was an unannounced inspection carried out over one day. On arrival the inspectors met with the person in charge. Following a brief introductory meeting the inspectors did a walk around of the centre. Inspectors met with residents, staff and some relatives during the day of inspection.

Residents told the inspectors that they were happy living in the centre and that staff were kind and helpful. Inspectors observed staff supporting and interacting with residents during the day and it was evident that staff and management knew the residents well and were familiar with each residents daily routine and preferences.

Residents appeared comfortable asking for assistance and staff were attentive and patient in their approach. Residents told the inspector they felt safe living in the centre and that they enjoyed the various activities and outings that were provided. There were sufficient numbers of staff available in the designated centre to provide supervision and support to the residents. Staff were observed providing care and support to residents in preparation for their breakfast and day ahead. Some residents were assisted to the dining room for breakfast while others preferred to have their breakfast in their room. Inspectors observed that residents did not have long to wait when they needed staff assistance.

In the morning, the inspector observed residents watching mass on the television in the dayroom. There was an activity schedule on display which included art work, music and bingo. Inspectors noted that the schedule information reflected the activities that were happening on the day of inspection.

At the time of inspection there were 43 residents living in the centre. Mullinahinch House Private Nursing Home is a two storey building situated in a pleasant countryside location close to Monaghan town. Accommodation includes 30 single and 11 twin en suite bedrooms, a day room, an activities room, a communal room and a family room. The premises was tastefully decorated and maintained to a good standard. However, the layout of a number of twin occupancy rooms did not provide residents with sufficient space to be able to access their personal storage easily. In addition, residents did not have sufficient space around their bed to put a comfortable chair so that they could sit out if they wished to do so. The inspector observed that four twin rooms had portable plug in storage heaters in place and six questionnaires completed by residents as part of the centres annual review had referenced feeling cold at times in their bedrooms. reviewed by inspectors. This is discussed further under regulation 17, Premises.

Residents could move around the centre freely and inspectors observed a number of residents walking around the centre independently or with the help of staff. There was an enclosed courtyard garden for residents to access which was well maintained with appropriate seating for residents to use.

There was a smoking hut situated in the garden which was furnished with adequate seating, fire resistant bins, and a heater for use in colder weather conditions, a fire extinguisher and fire blanket.

The next two sections of this 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 the quality and safety of the service being delivered.

Capacity and capability

The inspection found that the designated centre was well-managed for the benefit of the residents who lived there. There were established systems in place to ensure that care and services were safe and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care and support were respected and promoted. However, further actions were required to ensure that the providers management and existing oversight systems were effective in key areas such as premises and infection prevention and control and that they identified areas of the service that required improvement.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended and to follow up on actions the registered provider had agreed to implement in order to achieve compliance with the regulations arising from the last inspection carried out in February 2023.

The registered provider for this centre is Mullinahinch House Private Nursing Home Limited. This centre is part of the Evergreen Care Group which has a total of 11 nursing homes in Ireland. The management team consists of a person in charge, a recently appointed assistant person in charge, clinical nurse managers and a team of nursing staff, health care assistants, household and catering staff. There is also an activity co-ordinator, physical therapist, administration and maintenance personnel available in the centre. On the day of the inspection, there was a sufficient number and skill-mix of staff available to meet the assessed needs of residents. There were clear lines of reporting in place and staff were clear about what was expected of them in their roles. Rosters reviewed by the inspector confirmed that staffing resources were consistent and reflected the numbers of staff on duty on the day of the inspection.

There was a comprehensive training programme in place which incorporated a selection of both face to face and online training. Records confirmed that all staff

were up to date with their mandatory training in safeguarding, fire safety and manual handling. Supplementary training included modules on infection prevention and control, training in medication management, wound management, dysphagia and cardio- pulmonary resuscitation (CPR). The provider confirmed that training in complaints management had been arranged. With the exception of some cleaning practices the inspectors found that staff were adequately supervised by clinical nurse managers and nursing staff that were present throughout the centre observing and monitoring care provided.

The designated centre had a current certificate of insurance and was made available to the inspector on the day for review.

The provider had completed an annual report on the quality and safety of care for 2023. The report provided key information about the performance of the service and included an improvement plan for the year ahead.

The inspector reviewed several contracts of care which were signed and dated by residents on admission. However, inconsistencies were identified in relation to the additional service charges in place and some contracts had not been updated to reflect a recent increase in the additional service charge. As a result inspectors were not assured that residents or where appropriate their representatives, had been consulted about these changes and had signed to say that they agreed to pay them.

The inspector reviewed the designated centres complaints policy which included recent changes to the regulation and all complaints reviewed were managed in line with this policy. Complaints were handled in a timely manner and the outcome of each complaint was recorded. Information regarding independent advocacy services was readily available to residents and displayed at reception. Residents spoken with during the course of the inspection indicated that they were aware of the complaints process and said they could raise a concern or complaint with any member of the staff team. Staff spoken with confirmed that they were aware of the complaints policy and saw their role as supporting residents to use the complaints procedure when required.

Written policies and procedures to inform practice were available and there was a system in place to ensure that policies, procedures and practices were regularly reviewed.

Regulation 14: Persons in charge

The person in charge is a registered nurse experienced in the care of older persons. They have the required management qualifications for the role.

The person in charge was well known to residents and staff on the day of the inspection. They facilitated the inspection and demonstrated good knowledge of their regulatory responsibilities and the requirements under the Act.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to provide safe and appropriate care for the residents taking into account the layout of the designated centre. Staffing levels were regularly reviewed and there were clear systems in place to increase staffing in line with resident needs. However at the time of the inspection a long term absence for a clinical nurse manager post had not been covered which was impacting on the management hours available to oversee the care and welfare of the residents. This is discussed under Regulation 23.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had good access to training and development opportunities. There was good oversight of induction and ongoing training and as a result staff mandatory training requirements were mostly up to date. Staff also had good access to additional training to ensure they had the knowledge and skills to care for residents living with dementia and those residents who may demonstrate responsive behaviours.

Staff were supervised in their work by senior staff working alongside them on each shift.

Judgment: Compliant

Regulation 22: Insurance

The contract for insurance was available for review. The insurance certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents property.

Judgment: Compliant

Regulation 23: Governance and management

The management team was depleted as the clinical nurse manger (C.N.M) was on long term leave and the assistant person in charge (A.P.I.C) was working two days each week as the second nurse on duty to cover this absence. This arrangement was not in line with the management structure set out in the provider's statement of purpose and did not provide adequate support for the person in charge. Furthermore, it did not ensure that there was adequate senior management oversight at weekends and night duty.

There were well established quality assurance processes in place to monitor the quality and safety of care provided for the residents. Some improvements were required to ensure that the audits identified all areas for improvements and that where improvements were needed the action plan and time frames were clearly communicated to the relevant staff and followed up by the management team.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

While all residents did have contracts of care in place there were inconsistencies identified in the additional service charges in four contracts of care reviewed by the inspector. Furthermore, a recent increase to this service charge had not been updated in a number of existing contracts of care. There was no evidence provided that these residents had been consulted about and had agreed to the increase of this additional service charge even though residents were being charged the additional fee.

Judgment: Not compliant

Regulation 3: Statement of purpose

Changes had been made to the statement of purpose to reflect the change of person in charge in August 2023 and the legislative changes to Regulation 34 enacted in March 2024. The document included all of the information required under Schedule 1 of the regulations. A copy of the updated document was submitted to the Chief Inspector following the inspection to include the laundry and storage unit outbuildings on the premises.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The policy had been updated in 2023 in line with the changes of the legislation. The policy was displayed in the entrance foyer and was included in the resident's guide.

The policy identified the complaints officer as the person in charge and the review officer as the regional manager. Contact details were provided. The policy also included information about the Patient advocacy service and other independent advocates if the complainant needed support to make their complaint.

Complaints training was scheduled for managers and staff working in the centre.

A review of complaints showed that complaints were managed in line with the complaints policy and were investigated appropriately. Where learning was identified this was communicated to the relevant staff.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were made available to the inspectors. The policies were reviewed and updated within the previous three years and reflected changes in legislation and national policy guidelines.

The Schedule 5 policies were included in staff induction training and ongoing mandatory staff training. Staff had signed to say they had read and understood the policies. Staff who spoke with the inspectors demonstrated knowledge and understanding of key policies such as the Protection of Vulnerable Adults from abuse.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and were supported by staff who were caring and who knew the residents well. As a result care was person centred and reflected the residents' needs and preferences for support and daily routines. Throughout the day inspectors observed that residents were consulted and offered choice in relation to their care, their meals and how they wished to spend their day. Residents health and social care needs were met by timely access to their general practitioner (GP) and other health and social care services. Residents were encouraged to participate in the running of the centre by frequently attending resident meetings. Resident feedback was also sought in the

annual review and through complaints and compliments recorded in line with the providers own policies.

The provider was found to have made a number of improvements since the last inspection which included new furniture and flooring throughout the centre. The secure courtyard garden had also been renovated since the last inspection. This area provided a pleasant outdoor space with garden furniture for residents and visitors to use. As it was winter time during the day of inspection there was very little shrubbery or flowers to create an interesting space for residents but management assured the inspector that during summertime there are flower pots and residents can participate in some gardening. Residents had unrestricted access to all communal resident area's including the courtyard.

The premises were well maintained and communal facilities were spacious and comfortable for residents to enjoy. Residents were using the communal areas throughout the day to attend mass, participate in activities and entertainment and to take their meals in the large dining room.

Equipment in use to provide care to the residents which included mobility equipment, hoists and hoist slings and resident beds were serviced regularly.

For the most part resident bedrooms were suitable for the assessed needs of the residents living in them, however the layout of a number of resident twin rooms required review to ensure they met the requirements of Regulation 17 and that residents could access their personal belongings easily. In addition the position of the television in some of these rooms did not ensure residents could watch their choice of programmes without impacting on the other resident in the room. The inspectors also found that the position of the privacy curtains in some of these rooms did not ensure that residents could carry out personal activities in private.

The person in charge had ensured appropriate care and comfort of a resident during end of life care and facilitated both the residents and family wishes in a dignified and respectful manner. Appropriate arrangements had been made in consultation with the resident and their family.

The inspector spent time in the dining room during lunch and sat with residents to discuss and observe mealtime practices. There was a choice of meals offered at lunchtime and each table had a menu card on display for reference. There was good social interaction observed between residents themselves and also with staff members supporting and assisting with eating and drinking. The food looked and smelt appealing and residents were observed enjoying and finishing their meals. Staff were very attentive to residents needs and were familiar with their preferences at mealtimes. Residents who spoke with the inspector expressed satisfaction with the food, snacks and drinks.

Inspectors observed good practices with regard to infection prevention and control, which included good hand hygiene techniques, and procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). Although the centre did have adequate hand washing facilities available for staff it was identified that this could be further enhanced by installing additional

hand washing sinks in the centre and one in the treatment room. This was included in their 2024 improvement plan for the centre. Storage practices and facilities had greatly improved since the last inspection which meant the risk of cross contamination had been reduced. Key risk areas such as laundry and sluice rooms were clean and effectively managed.

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 inspector visited the laundry and sluicing facilities in the centre and found them to be suitable for their intended purpose. 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.

Overall the designated centre was visibly clean with the exception of some bedrooms and one hall area on the ground floor. There were adequate housekeeping resources in place however the oversight of cleaning practices required improvement. Electronic records of daily cleaning practices reviewed by the inspector were not detailed enough to clearly indicate which bedrooms and areas were cleaned and when they were cleaned.

Resident PEEPs (personal emergency evacuation plan) were in place and updated when required. Simulated fire drills were available to review and contained a more comprehensive account of the evacuations carried out, the needs of the residents evacuated, and a review of how effective the evacuation in order to identify further improvements. Records relating to the servicing of fire equipment and the management of the fire system were in date. Staff were able to confirm their attendance at fire safety training and were able to discuss the fire procedure and their role in ensuring residents were kept safe from the risk of fire.

Medication practices were found to be safe and well managed. Medication systems were in place and staff spoken to were knowledgeable of their regulatory responsibilities when administering medicines. There was appropriate and safe storage of medications in the designated centre.

Comprehensive assessments had been completed for all residents on admission and person centred care plans were in place to reflect the information obtained from each assessment. However, some care plans reviewed by the inspector had not been formally reviewed or updated at the required intervals.

Staff had attended training on challenging behaviour inspectors and inspectors observed that staff did demonstrate adequate knowledge and skills to support residents who were displaying signs of this type of behaviour during the day of the inspection.

The provider ensured that all staff were facilitated to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their

responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place. Residents told the inspector that they felt safe living in the designated centre.

There was evidence of good practice and engagement with residents living in the designated centre through a forum of quarterly residents meetings. Records of these meetings reviewed by the inspector demonstrated that residents were consulted about activities in the centre and areas of the service that may require improvement. Feedback was communicated to the relevant staff team and suggested changes and required improvements were implemented.

Regulation 12: Personal possessions

The layout of a number of twin bedrooms occupied did not allow residents to store their personal belongings within their own bed space or allow ease of access to their belongings as some bedside lockers were placed at a distance away from the bed.

Judgment: Substantially compliant

Regulation 13: End of life

Appropriate care and comfort was provided to residents during end of life care. Inspectors observed that the religious and cultural needs of a resident were respected and that appropriate arrangements in accordance with the residents wishes were facilitated.

Judgment: Compliant

Regulation 17: Premises

Although some works to the layout of twin rooms had been completed by the provider further improvement was required to ensure full compliance with Regulation 17.

The inspector was not assured that the layout of 10 twin occupancy rooms met the requirements of Schedule 6 of the regulation's. The personal bed space for each resident in these rooms was not sufficient to accommodate a bedside chair and bedside locker for each resident. Therefore residents could not sit at their bed sides or have easy access to their personal belongings within their bed spaces.

Two bedrooms felt cold to the inspector on the day and this was further validated by the feedback reviewed in six resident questionnaires which had been completed as part of the provider's annual survey. Four bedrooms in the centre had been provided with additional portable storage heaters in these rooms.

Judgment: Not compliant

Regulation 18: Food and nutrition

Inspectors were assured that residents were provided with access to fresh drinking water at all times. Choice was offered at mealtimes, and there was adequate quantities of food and drink provided. There was sufficient staff to support and assist residents at lunch time. The inspectors observed a lunchtime meal sitting in the dining room and the food served looked and smelt appealing.

Judgment: Compliant

Regulation 27: Infection control

The oversight of cleaning practices did not ensure that cleaning standards were consistent throughout the designated centre. For example;

- There were spillages and stains on some bedroom floors and corridors on the morning of inspection and although housekeeping staff were on duty in this area these stains and spillages were still present in the late afternoon.
- There were no accurate daily cleaning schedules in place to monitor and ensure each room was effectively cleaned by housekeeping each day.

The provider had failed to install a clinical hand washing sink in the nurses treatment room to ensure. This was an outstanding action from a previous inspection in 2022. However records showed that this work was scheduled for the upcoming weeks following the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and had suitable fire fighting equipment in place. There were adequate and clear means of escape and fire evacuation plans were displayed prominently throughout the centre. Fire equipment was tested and serviced frequently and staff had received

suitable training in fire prevention and emergency procedures. Staff spoken with during the day were able to tell the inspector what they would do in the event of a fire emergency. Inspectors observed a fire drill simulation taking place on the day of inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

All medicinal products were stored securely at the centre. The inspector observed nurses administering medications safely and in line with best practice. Staff could clearly explain the procedures in place to order, receive and administer medications appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of six care plans were reviewed by the inspector. Comprehensive assessments and care plans were in place but three of these were not formally reviewed at the required four monthly intervals. This meant that the care plans did not contain the most relevant and up to date information to guide staff in providing care and support for these residents appropriately.

Furthermore, the inspector identified that two safeguarding care plans were not in place for two residents who had safeguarding needs. This meant that staff may not have the required information to provide safe and appropriate care and support for these residents.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff demonstrated their knowledge and skills when responding to residents that displayed challenging behaviour. The inspector observed staff engaging with residents displaying these behaviours during the day in the dining room and day room. Staff were kind, respectful and reassuring in their approach to these residents and acknowledged each residents concern.

There was a low level of restraints in place and the centre was working towards a restraint free environment.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse and any allegations or incidents had been investigated and reported in line with the centres own policy.

All staff had received their training in relation to the detection and prevention of and responses to abuse. Staff were able to tell the inspector what they would do if an allegation or concern was disclosed to them.

Judgment: Compliant

Regulation 9: Residents' rights

The position of the privacy curtains in some twin bedrooms did not ensure that residents could carry out personal activities in private.

There was only one television available for two residents in the twin bedrooms. This meant that each resident could not choose their preferred viewing if the other resident chose to watch another programme.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Mullinahinch House Private Nursing Home OSV-0000148

Inspection ID: MON-0037506

Date of inspection: 21/03/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The clinical nurse manager's duties involve a combination of a few supernumerary hours and the nursing hours. The supernumerary hours of the CNM were successfully covered by the allocated nurse in her absence. The position of Clinical Nurse Manager was successfully recruited after the inspection which brought the centre to compliance. The person in charge will continue to ensure adequate cover as per the requirement of the centre with the support of the HR team.</p> <p>The duties of the Deputy person in charge encompass both nursing and supernumerary responsibilities, with a schedule of two days spent as a nurse and two days in a supernumerary capacity. This arrangement, in line with the SOP, will continue to ensure compliance.</p> <p>Senior healthcare assistants and healthcare assistant supervisor are strategically scheduled to cover both day and night shifts, as well as weekends, for the majority of days and nights to ensure comprehensive oversight. Domestic lead is also rostered for day shifts with designated supernumerary hours each week. The Person in charge does out of hours visit for spot checks to ensure compliance. This will now be documented on the Out-of-hours check checklist. This current arrangement will continue to undergo routine reviews and changes will be made should the requirement of the centre change based on dependency, occupancy, and layout. Ongoing monitoring of clinical and quality indicators, along with resident feedback, consistently indicates that there is no decline in the quality of care during out-of-hours periods, particularly on weekends and nights.</p> <p>The DPIC and CNM will also be rostered during weekends to ensure oversight. The collaborative efforts of the Deputy Person in Charge, Clinical Nurse Manager, HCA Supervisor, Senior Health Care Assistants, and Domestic Lead consistently ensure robust support for the person in charge and bring the centre to compliance.</p> <p>Audit findings and areas for improvement are already a part of the agenda of both staff meetings and monthly management meetings with the regional operations manager. The</p>	

action plans stemming from these audits are now actively incorporated into daily Safety Pause meetings. A dedicated KPI and risk compliance team, comprising department leads, meets at least once a month to meticulously review specific areas warranting attention. This comprehensive approach ensures that all pertinent issues are promptly addressed and continuously monitored for enhanced performance and risk management and will bring the centre to compliance.

Regulation 24: Contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 Any modifications to additional service charges or other costs were duly communicated to residents or nominated representatives via letters sent by email or post. These adjustments necessitated the renewal of the existing standing orders to accurately reflect the new charges. Residents/nominated representatives acknowledged and accepted the new ASC rates and submitted the updated standing orders which are currently in place. Copies of the letters notifying residents/representatives have now been placed in the respective residents' files. Any queries or requests for further clarification from residents or representatives were promptly addressed by the management and accounts team. Evidence of such discussion will now be documented under the resident and family communication on the resident electronic record. The change of the charges letter will also be attached to all the contracts of care. PIC with the support of the accounts team will ensure compliance.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 The layout of the twin rooms will undergo further redesign with our external designer. This will feature specially tailored furniture and the placement of bedside lockers at bedside to cater to the unique needs of the residents occupying these spaces. Documentation verifying the consultation process with the residents has been recorded, and a comprehensive care plan has been established accordingly. Residents currently residing in these twin rooms will be engaged in further discussions regarding the layout and furniture adjustments. Their feedback will also be solicited through a survey, and an action plan will be developed based on their input, ensuring their comfort and satisfaction remain paramount.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The person in charge, with the support of the registered provider, will further review the re-configuring of the layout of the 10 twin rooms. There is an ongoing program of upgrading and refurbishment. We will further engage with our design architects to devise adequate space. This will involve- Residents' lockable wardrobes will be repositioned in a number of twin bedrooms within residents' bed spaces, to ensure that residents can maintain control of their personal clothing and possessions. The reconfiguration of a number of twin bedrooms will facilitate each resident to rest in a chair by their bedside and to access their bed without disturbing the resident in the other bed.</p> <p>In response to the concerns raised by residents in the survey, additional heaters were installed in the relevant rooms. Recognizing that each resident has different temperature preferences, efforts were made to ensure comfort. As noted in the survey, 4 rooms needed standing radiators in addition to the wall mount radiator and the heating was adjusted effectively in the rest of the two rooms which do not require an installation of additional standing radiator. The response to the same issue can be varied in accordance with residents' preference. During an inspection, the temperature in room 18 was measured by maintenance staff, registering at 23°C. The attic insulation of the building has been successfully installed, ensuring that the building maintains a comfortable temperature. Staff will continue to monitor and record room temperatures throughout the day and night to maintain optimal conditions. PIC with the support of maintenance person will ensure to oversee the compliance.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The spillage and stains were not old as noted on the day of the inspection; they occurred on the same day. The domestic shift concluded at 18:30, and the affected areas were cleaned before the shift ended. This incident is an isolated occurrence. The domestic team has received coaching on handling spillages, while the rest of the team has undergone coaching on the importance of reporting such incidents promptly. The 2x senior carers on duty will oversee practices on a daily basis. • A cleaning schedule is now in place. We have taken immediate action by contacting our electronic facilities documentation record provider to ensure that each room has a selection for cleaning. In the meantime, we continue to utilize the previous method of using the comments tab for the bedroom numbers in the e-record. The daily documentation is completed daily by all domestic staff and the effectiveness will be overseen by the IPC lead. Domestic lead will further do spot checks and audits to ensure compliance. 	

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>All care plans have undergone thorough review and discussion. Care plan audit will review a sample of 19-20% of residents' care plan each quarter which will identify gaps and action plan will be formulated for improvement. A comprehensive care plan is completed on admission and a BASIC assessment which is assessment of activities of daily living will be completed a minimum of once every 4 months. A report will be generated on a monthly basis by the PIC/DPIC to identify any lapse and for timely intervention.</p> <p>Following the inspection, two safeguarding care plans were promptly completed and submitted to the inspectors on the following day as discussed and requested during the inspection day. Daily Safety pause meetings and comprehensive handover were conducted to specifically address the safeguarding issues identified since the start of this matter. All staff members were fully briefed and informed on how to provide safe and appropriate care and support for these residents. This reinforcement of knowledge was evident during the day of the inspection. Nominated nurses are in place for the residents' care planning. PIC will oversee compliance.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>We are engaging with our designer in the placement of the privacy curtains. The completion of this work will bring the centre to compliance. All residents are assessed prior to their admission into twin rooms. Presently, all residents accommodated in twin rooms have expressed satisfaction with the television provided. A second television will be installed upon request, similar to the arrangement in room 41, which is a twin room, which was noted during the inspection.</p> <p>The placement of televisions in the twin rooms is tailored to suit the preferences of our residents. While some choose to enjoy TV in their own room, a majority of those in twin rooms actively engage in social interactions and prefer utilizing the communal space for television viewing. This inclination towards communal engagement will be documented in the care plans. The assignment of residents to twin rooms is meticulously planned during preadmission assessments, ensuring compatibility and suitability for both individuals involved. The residents will be consulted again to determine their choices, and this will be documented. Additional television and headsets are available to be installed if there is a change of interests and residents are consulted regularly about this.</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	30/09/2024
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	Not Compliant	Orange	31/03/2024

	under Regulation 3.			
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.	Not Compliant	Orange	28/02/2025
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.	Substantially Compliant	Yellow	01/05/2024
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/03/2024
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care	Not Compliant	Orange	30/06/2024

	and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	30/06/2024

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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