



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

Issued by the Chief Inspector

Name of designated centre:	Bethany House Nursing Home
Name of provider:	MPM Nursing Home Limited
Address of centre:	Main Street, Tyrrellspass, Westmeath
Type of inspection:	Unannounced
Date of inspection:	04 July 2024
Centre ID:	OSV-0000015
Fieldwork ID:	MON-0043358

About the designated centre

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

Bethany House is a purpose-built nursing home located in the heart of Tyrrellspass, Co Westmeath. The centre can accommodate and is registered to care for a maximum of 90 residents, both male and female aged over 18 years. They provide 24-hour nursing care for residents of all dependency levels requiring general care, convalescence care, respite care and those requiring age-related dementia care. They also care for young chronic sick residents, including those with an acquired brain injury. The centre provides a comfortable, varied and spacious environment for 90 residents. Two new extensions were added to the premises in 2017 and 2021, and all accommodation is provided on ground floor level with a mixture of single and twin bedrooms a number with en-suite bathrooms. Amenities within walking distance include a hotel, post office, newsagents, grocery shop, church, to mention a few.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	90
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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 4 July 2024	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead
Thursday 4 July 2024	09:00hrs to 17:00hrs	Michael Dunne	Support

What residents told us and what inspectors observed

Overall, residents expressed overwhelmingly positive feedback regarding the standard of care and support they received at the centre.

Residents told the inspectors that they liked living in the centre, the staff were nice, and they felt safe and secure. Residents also told the inspectors that their call bells were usually answered without any delay and that they were satisfied with the quality of care provided to them .

Bethany Nursing Home is a two-story building located a short distance from Tyrrellspass village in County Westmeath. The designated centre is registered to care for 90 residents. Resident's accommodation is provided on the ground floor of this centre across three units namely Crinkle Lodge, Belvedere Lodge, and Rochford Lodge with Crinkle lodge being the original part of the centre.

Following an introductory meeting with the person in charge and the provider, the inspectors went for a walk around the centre. Overall, the centre appeared clean and tidy in all areas. There was signage located at key areas of the centre to orientate residents to their surroundings.

The centre's corridors in Belvedere Lodge and Rochford Lodge were wide, with appropriate handrails fixed to the walls to assist residents to mobilise safely and independently. In contrast, a section of the corridors located in Crinkle Lodge appeared narrow, and the inspectors observed that staff encountered significant challenges when attempting to assist residents in large assistive chairs through these corridors. Inspectors spoke with staff who validated this, and mentioned that the moving and handling of higher-dependency residents in this area posed a significant challenge in ensuring the residents' and their own safety.

The inspectors observed residents spending time in communal rooms and in their own bedrooms watching television, reading and chatting with visitors. The inspectors also observed many residents attending the hairdressing sessions, which provided additional opportunities for discussion and social interaction. The residents who spoke with the inspectors said that they were always encouraged to engage in the activities provided but that their choice to remain in their own rooms was respected by staff.

The communal areas of the centre were well laid out, tastefully decorated and well-lit with plenty of natural lighting. While there was ample seating throughout the centre, the inspectors observed that seating in one communal room was on a low sofa. Observations confirmed that it was difficult for some residents using these sofas when trying to arise from them.

There were two enclosed garden areas, which were accessible from a number of doors located on the main circulating corridors. Nonetheless, the inspectors found

that these doors were locked on the day of inspection, which restricted residents' independent access to the garden areas. This was overly restrictive practice and prevented residents from fully enjoying their outside space. For example one of the enclosed gardens contained a hen house, which residents were fond of and which was inaccessible due to these doors being locked. The inspectors found that access to this area had disimproved since the previous inspection. Managers told the inspectors that the restrictions had been put in place as fencing around the garden had become less secure. The provider informed the inspector that there were plans in place to upgrade the fencing and ensure that this facility was accessible to residents in the future.

Residents' bedrooms were nicely decorated with photo albums, flowers and other personal belongings such as ornaments and pictures from home. All bedrooms had adequate storage space to include a bedside locker and a wardrobe for each resident. However, some twin bedded rooms were not well- laid out and as a result, residents living in these rooms did not have enough space to place a comfortable chair and a bedside cabinet within their own bed space. Additionally, some residents accommodated in these twin-bedded rooms did not have a privacy curtain in place to meet their privacy and dignity needs. This was a repeated finding from the previous inspection in October 2023 and did not ensure that each resident's right to undertake personal activities in private was upheld.

The inspectors observed respectful and friendly interaction between staff and residents. Staff were observed providing timely and discreet assistance, thus enabling residents to maintain their independence and dignity. Furthermore, staff were found to be familiar with residents' preferences and their social histories.

Residents received good opportunities for social engagement, and they were well supported to participate in various activities and social outings. The inspectors observed several activities provided on the day of the inspection which included an arts and crafts activity session which was well-attended by residents. Other planned activities that were observed included a music session and quiz game.

Mealtimes in the dining rooms were observed to be social occasions. The dinner time meal was appetising and well presented. The lunch meal consisted of two options, which were a roast pork dish and a roast beef dish. Catering staff confirmed that if residents preferred alternative meals to what was on the daily menu that they would be provided with a meal of their choice. Residents were observed chatting and laughing with staff and fellow residents throughout the meal service. However, the inspectors also observed that on one occasion, medicines were given to residents while they were having their main meal, which negatively impacted the dining experience for residents. This was brought to the attention of the management staff, and they committed to reviewing this practice.

Visitors were observed coming in and out of the centre throughout the day. Visitors who spoke with the inspectors, confirmed that they were always welcomed and they were assured of the care provided to their loved ones. Visitors told the inspectors

that the staff always communicated with them about changes to residents' care and any concerns they had.

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

Capacity and capability

This was a well-managed centre, which ensured that residents were provided with good standards of care to meet their assessed needs. Overall, there were effective management systems in place which provided oversight to maintain these standards. The management team were proactive in response to issues identified through audits with a focus on continual improvement. There were however some areas of current practice that required improvements and these findings are set out under the relevant regulations.

This was an unannounced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to implement in order to achieve compliance with the regulations arising from the inspection carried out in October 2023.

The provider of Bethany House Nursing Home is MPM Nursing Home Limited. There is a person in charge, who works full-time in the centre. The person in charge has the required qualifications and management experience for the role and was knowledgeable about the residents living in the centre. The deputising arrangements in the centre were clear and ensured that an appropriate senior nurse was available when the person in charge was absent. A representative of the provider and a quality manager provided management support for the staff and residents in this centre. Staff were knowledgeable about the reporting arrangement in place, and they were clear about their roles and responsibilities.

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. The provider maintained an induction and appraisal system to support staff in their particular roles. A review of these records found that safeguarding had not been included in the current induction records for new staff. The provider indicated that the induction paperwork was under review and was due to be updated and that this omission would be addressed. The inspectors noted that three new members of staff had commenced employment and had yet to attend safeguarding training, which was organised for July 2024.

The registered provider maintained sufficient staffing levels and an appropriate skill mix across all departments to meet the assessed needs of the residents. Observations of staff and resident's interactions confirmed that staff were aware of residents' assessed needs and were able to respond in an effective manner to meet

those assessed needs. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster they were filled by existing team members. This ensured that there were enough staff with appropriate knowledge and skills to provide care and support for the residents.

The provider had a range of governance and oversight systems in place to monitor the quality of care and service provided to residents. However the compliance plan from the previous inspection had not been completed within the time frames set out by the provider to bring the centre into compliance with Regulation 9. The provider had a system in place to record accident and incidents occurring in this centre. There had been a high incidence of falls since the last inspection. Notifiable incidents such as falls were notified to the Office of the Chief Inspector within the required time frames. The inspectors followed up on these notifications and found that although these residents were individually reviewed by their general practitioners (GP) following a fall, a goal-based review by a multidisciplinary team to recommend appropriate fall prevention programmes had not been rolled out to minimize the risk of falls and related injuries. This is further discussed under Regulation 23.

Overall, there was effective oversight around the implementation of policies and procedures in line with Schedule 5. However, the policy and procedure in place for the management of residents personal property, personal finances and possessions, required updating and is discussed in more detail under Regulation 4: Written policies and procedures.

There was an accessible complaints policy in place, which met most of the requirements of the care and welfare regulations. Areas where the policy required updating was addressed with the provider on the day of the inspection and is described in more detail under Regulation 34: Complaints. A review of complaints records confirmed that five complaints had been received since the last inspection and were managed by the provider in line with their own policy.

Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was sufficient to meet the assessed needs of residents. This included ensuring that there was a nurse always on duty in all three units in the centre. In addition, the provider created a nurse night supervisor role to provide additional support to existing night staff.

The provider has recently completed a recruitment programme to fill all staff vacancies in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspectors confirmed that staff had completed a selection of online and in-house training activities. The majority of staff had completed their mandatory training in moving and handling, fire safety and safeguarding training. Three members of staff who recently joined the company had yet to complete their safeguarding training at the time of the inspection but that this training was organised for later in July 2024.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff files, residents' records, and other records kept in the centre and found that they all met the necessary requirements, as set out in Schedules 2, 3, and 4 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to allocate resources in a timely manner to ensure that their compliance plan from the previous inspection was implemented to uphold the privacy and dignity rights of residents in this centre.

The management systems in place required improvements to ensure a safe, effective and consistent service was provided to the residents in this centre. For example:

- The provider's risk management measures required additional improvements. For example, the corridors leading to the bedrooms on the Crinkle lodge were found to be narrow, and this posed an injury risk for both staff and residents during moving and handling and also when evacuating residents with higher dependencies in an emergency situation. Although this risk was identified by staff, the risk was not identified on the centre's risk register, and as a result, there was no plan in place to mitigate the risk to residents and staff.
- Furthermore the provider's oversight and management of falls incidents did not ensure that there were appropriate strategies in place to manage falls risk and reduce the number of falls that were happening in the centre.

- The oversight of key areas such as staff induction training, medications and care planning did not ensure that the processes and standards set out in the provider's own policies and procedures were consistently implemented.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints; however, this policy and procedure had not been updated to incorporate all amendments made to this regulation by the recent statutory legislation S.I. No. 628/2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People). For example, the complaint policy did not include provision of a written response to the complainant following a request for a review of the outcome of the provider's response to their complaints.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a number of contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided and the fees to be charged. Contracts also identified fees for additional services that may also be charged.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider maintained policies and procedures in line with Schedule 5 of the regulations; however, one policy required amendment so that they could be implemented effectively. For example:

- The policy and procedure relating to residents' property, personal finances and possessions required updating to identify the details of pension agents acting on behalf of residents. In addition, the policy did not clearly identify the arrangements in place for the return of finances when residents are discharged from the service.

Judgment: Substantially compliant

Quality and safety

Overall, this was a good service where the care and well-being of the residents was promoted through person centred care and support to help residents to live their best life. However, more focus and effort was required from the provider to improve key areas such as assessments and care planning, medications, and to ensure that the privacy of residents accommodated in shared bedrooms was promoted..

Regular residents' meetings were held in the centre, and the records indicated that the residents were consulted about and participated in the organisation of the centre.

The inspectors found that the layout of four twin-bedded rooms did not promote residents' privacy and dignity due to the absence of a privacy curtain. This meant that the privacy and dignity of residents residing in these rooms could not be assured during transfer into and out of bed and during personal care activities. This is a repeated non-compliance finding from previous inspections.

Residents were generally well supported to have access to general practitioners (GPs) from local practices, health and social care professionals, and specialist medical and nursing services. Although the provider had carried out trending of falls and arranged GP reviews of individual falls, there was no evidence of an appropriate fall prevention and management strategy in place, such as a multifactorial review of residents' individual risk factors with a view to reducing the incidence of falls, Additionally, there were no evidence of a multidisciplinary approach to fall prevention, including tailored interventions based on individual risk factors and regular re-evaluations.

The inspectors were assured that residents received their correct medicines through safe administration practices; however, the inspectors found that one resident had not been given their medicines in the correct format prescribed by the resident's general practitioner (GP).

The inspectors reviewed a sample of assessments and care plans and noted that validated assessment tools, such as pressure ulcer risk assessment tools, dependency level assessment tools and malnutrition risk assessment tools, had been used to inform residents' comprehensive assessments and care plans. Most residents had a care plan in place; however, the care plans were found to be not appropriately reviewed, especially when residents had incidents of falls to provide clear and up-to-date information for staff who were caring for the residents.

There were robust arrangements in place to safeguard resident finances. There were measures in place for residents to be able to access their finances seven days a week. A system of double signatures and protocols around the access to the safe

key ensured that these arrangements were secure. The provider acted as a pension agent for six residents. A review of the arrangements in place to manage these residents' finances confirmed that there was a robust system in place which protected resident finances and enabled residents to access their personal allowances. Residents were able to access financial statements indicating how their finances were being managed by the provider.

While there was a policy and procedure in place for the management of residents personal property, personal finances and possessions, this policy required updating and is discussed in more detail under Regulation 4: Written policies and procedures.

Residents' meetings were held regularly in the centre, and the records of meetings indicated that the residents were consulted with and participated in the organisation of the centre.

There were arrangements in place to protect residents in the event of a fire, which included the maintenance of fire systems and regular review of fire precautions. The inspectors also observed that the provider had systems in place to ensure fire safety within the centre, which included conducting regular daily, weekly, and monthly fire safety checks. Staff who spoke with the inspector demonstrated sufficient knowledge regarding the procedures to be followed in the event of a fire.

Regulation 10: Communication difficulties

The inspector found that residents' communication needs were assessed and a person-centred care plan was developed for those residents who needed support.

Judgment: Compliant

Regulation 17: Premises

The current layout of four twin-bedded rooms located on Crinkle lodge did not support the assessed needs of the residents. For example, the position of the privacy curtain was too close to the bed in these rooms, making this bedspace narrow, which made it difficult for staff to manoeuvre a full-body hoist within the bed space of the second resident without affecting the safety, privacy, and dignity of both residents. In addition, the layout of these four twin-bedded rooms meant that they did not allow some residents to have a chair and a bedside cabinet within their bed spaces. This was a repeated non-compliance finding.

The centre's premises did not currently conform to the matters set out in Schedule 6 of the Care and Welfare Regulations 2013. For example:

- The height of some sofas kept in a communal room was too low and was not suitably adapted to meet the needs of the residents.
- The layout of four twin-bedded rooms was such that there was only one window in these rooms, and when one resident near the window decides to close their privacy curtain, the second resident will not have access to natural daylight in these rooms. This was a repeated non compliance finding.

Judgment: Not compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre were insufficient to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. For example, the clinical hand wash sinks in the designated centre did not comply with the current recommended specifications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

An appropriate system of reviewing residents' care plans was not in place in the centre to support the residents in meeting their care needs. For example:

- Three residents' mobility care plans had not been sufficiently reviewed to ensure residents received the necessary support required for regaining their mobility and rehabilitation following a fall incident.
- Four residents who were at high risk of pressure ulcers did not have an appropriate care plan in place to guide staff to provide the most appropriate care to prevent pressure ulcers from developing.

Judgment: Substantially compliant

Regulation 6: Health care

Residents who had had a fall did not have an adequate post fall multi-disciplinary review to identify risk factors and the interventions /equipment that might better support the resident to mobilise safely.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices in this centre was kept under review, and the provider was found to be working towards promoting a restraint-free environment, in line with local and national policy. Each resident had a risk assessment completed prior to any use of restrictive practices.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse. Residents reported that they felt safe living in the centre. A review of staff records confirmed that all of the requirements as set out under Schedule 2 of the regulations were in place before staff commenced employment in the designated centre.

There were arrangements in place to ensure that residents finances were protected. In instances where the provider acted as a pension agent for residents, there were measures in place to safeguard residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

There were four twin-bedded rooms where a resident did not have a privacy curtain. This lack of privacy curtains meant that the resident's privacy and dignity needs were compromised during bed transfers and personal care activities. This was a repeated non compliance finding.

Furthermore, the inspectors noted that doors leading to the indoor gardens were alarmed, and that residents had to wait for staff assistance to deactivate the door alarm to access the garden area. As a result, residents were unable to independently access these gardens.

Judgment: Not compliant

Regulation 28: Fire precautions

While there is good oversight of fire safety in this centre, the fire drill records describing simulated evacuations did not provide a full description of the simulated scenario and residents' evacuation requirements. As a result, the inspectors were not assured that the provider's review of these evacuation practices was adequate.

In addition,

- Fire floor plans were not available in all parts of the centre.
- There were gaps found around the perimeter of two fire doors located in the kitchen area in the main dining room facility.
- There was an absence of fire signage in one area of the building to direct residents and staff to the nearest fire exit.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The medicine administration in the centre did not ensure a high standard of nursing practices in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. For example, the inspectors found that one resident had been given their medicines in a crushed format, which was not the format prescribed by the resident's general practitioner (GP).

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

Compliance Plan for Bethany House Nursing Home OSV-0000015

Inspection ID: MON-0043358

Date of inspection: 04/07/2024

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>1. The risk is now identified on the live risk register in the home. Increased day and night fire evacuations are being carried out in Crinkle lodge. All staff are trained in manual handling techniques.</p> <p>2: Fall reviews are completed after every fall which incorporates a full review of the residents mobility domain. This includes updating the mobility screening assessment, manual handling chart, falls risk assessment tool, falls diary and updating the residents care plan. All residents are reviewed by their GP’s post fall. A full review of anti-psychotic medication was conducted by the pharmacist post inspection to establish any potential increased falls risks from administration of anti-psychotic medications. Monthly falls audits are also completed to identify any trends which could potentially reduce the incidents of falls. This information is also integrated into the monthly KPI’s which are reviewed by the OPS team.</p> <p>3(a) Management have updated the staff induction training records to include safeguarding training for all staff on induction.</p> <p>3(b) Medication administration and Medication Usage Review (MUR) completed since inspection. Resident records updated after review with GP and Pharmacist to reflect the current medication needs of the resident i.e resident who now required their medications to be crushed. All changes documented on kardex and care plan updated to reflect any changes.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Provider updated complaints policy to incorporate the provision of a written response to the complainant following a request for a review of the outcome.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Provider to update the policy and procedure relating to residents property, personal finances and possessions to identify the details of pension agents acting on behalf of the residents and to clearly identify arrangements for the return of finances where a resident has been discharged/RIP.</p> <p>Since the inspection new pension agent forms have been submitted to the social welfare office to update the pension agent details. Also, finances belonging to one resident who was RIP have been returned to his solicitor.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1: A Company had been scheduled to complete the agreed work for the twin rooms. These works will be commenced on the 06/09/2024 to ensure that residents' personal spaces include a comfortable chair and bedside cabinet, while maintaining individual access to a window.</p> <p>2. A full review of the furniture in the dayroom has been completed by an external company prior to the inspection. New furniture has been ordered and the home is awaiting delivery of same.</p>	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Non-compliance of hand washing sinks has been identified and is currently on the risk register. A full review of clinical handwashing sinks is being conducted.</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>1: Residents care plans are appropriately reviewed to reflect their changing needs. All mobility care plans have now been updated post falls.</p> <p>2: All residents who are at high risk for developing pressure ulcers have a "skin condition" care plan in place which incorporates their initial screening assessment and Waterlow score. Based on each residents individual Waterlow score this determines what pressure relieving interventions are required to further support the resident and reduce their risk of pressure trauma. All care plans are detailed with any pressure relieving devices in place e.g. pressure relieving mattress, pressure relieving cushion however the care plans did not include the repositioning frequency. All care plans have since been updated to include the repositioning frequency.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>1. A full multi-disciplinary review is carried out post fall. If a resident requires additional support or care the GP will refer the resident to the community physiotherapist for a full assessment. Any additional equipment that a resident requires has always been available or sourced by the home</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

1: A Company had been scheduled to complete the agreed work for the twin rooms. These works will be commenced on the 06/09/2024 to ensure that residents' personal spaces include a comfortable chair and bedside cabinet, while maintaining individual access to a window.

2: A new garden fence has been fitted to ensure the garden area is safe and secure. All doors leading out into both the external garden and the courtyard area have had the keypads disabled to ensure all residents can independently access these garden areas.

Regulation 28: Fire precautions

Substantially Compliant

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

1. Post inspection the fire drill form was updated. The new version includes a detailed section of the different timings and more details on the compartments and a full description of the drill. There is a detailed action plan for each drill. Fire door audit has been completed and any actions needed fulfilled. Audit of fire signage completed by flame prevention and all signage confirmed. Updated fire plans are now installed at the fire panels throughout the home.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

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

1: Medication administration and Medication Usage Review (MUR) completed since inspection. Resident records updated after review with GP and Pharmacist to reflect the current medication needs of the resident i.e resident who now required his medications to be crushed. All changes documented on kardex and care plan updated to reflect any changes. Nurse medication competency assessments ongoing bi-annually.

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/09/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient	Substantially Compliant	Yellow	30/09/2024

	resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	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	31/12/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident	Substantially Compliant	Yellow	30/09/2024

	concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	30/09/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/10/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Substantially Compliant	Yellow	30/09/2024

	concerned and where appropriate that resident's family.			
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	31/10/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/09/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/09/2024