Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Gabriel's Nursing Home
Name of provider:	SGNH Limited
Address of centre:	Glenayle Road, Edenmore, Dublin 5
Type of inspection:	Announced
Date of inspection:	05 September 2024
Centre ID:	OSV-0000174
Fieldwork ID:	MON-0043185

About the designated centre

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

St. Gabriel's Nursing Home is located in North Dublin and provides residential and respite care for male and female residents over the age of 18 years. The premises is a 68-bedded facility expanding over two floors consisting of 60 single and four double rooms. The ground floor is called the Jasmine suite and consists of 28 rooms. There are 30 residents in total on this floor all of varying dependency. The top floor is called the Lavender suite and consists of 36 rooms. There are 38 residents all from varying dependency. The designated centre has a reception area with seating space and a sun room, which looks onto one of multiple garden courtyards. Multiple communal living rooms are available for residents to relax, socialise, watch TV, read or participate in activities. The building also features a hairdressing salon, a chapel, large dining rooms, and on-site kitchen and laundry facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 5 September 2024	08:40hrs to 17:50hrs	Niamh Moore	Lead
Thursday 5 September 2024	08:40hrs to 17:50hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

Based on the observations of the inspectors and discussions with residents, staff and visitors, St Gabriel's Nursing Home was a nice place to live. There was a welcoming and homely atmosphere in the centre, and residents' rights and dignity were supported and promoted by kind and friendly staff.

Overall, residents spoken with were happy with the food, their bedrooms and the care they received from staff. Visitors spoken with on the day described the centre as homely and said they were happy with the care provided to their loved ones and the communication they received from the centre. Some comments from residents in relation to their life within the centre were "staff are very caring, kind and considerate", "my wishes have always been respected", and "staff are always there to help".

The centre is registered for 68 residents and is laid out over two floors, reported as the ground floor, which was the Jasmine suite and the first floor, which was the Lavender suite. Both floors comprised of residents' bedrooms and communal areas. Communal areas located on the ground included a dining room, day room, activities room, conservatory, visiting room and a large chapel. Large colourful plants lined the ground floor corridors. Residents also had access to a hair salon on the ground floor. Residents were observed relaxing in these areas and were observed mobilising freely around the centre. Bedroom accommodation comprised 60 single and four twin-bedded bedrooms. Inspectors viewed a sample of these and found they were spacious with high ceilings and were appropriately laid out with space for personal belongings. Residents' bedrooms were seen to be personalised with items of interest to the resident and decorated with photographs and soft furnishings. On the first floor, there was a day room and seating areas; some residents were also observed having their meals in the first-floor day room.

There were a number of enclosed gardens and courtyards with nice seating available for residents. One of these areas was the designated smoking area for residents; however, this area was not covered to protect residents from the adverse weather and did not have a call-bell in place. The decking area in one of these spaces was also not available for residents to use on the day of the inspection as it required maintenance.

Overall, the centre was well laid out to meet the needs of residents and was generally maintained; however, there were some areas of the premises that required more frequent deep cleaning as they were visibly unclean. Ventilation in some areas also required review to ensure it was adequate. Inspectors observed the medication room on the first floor had no ventilation as a cooler that had been previously installed to address the issue had stopped working. The ventilation system in a ground floor shower was also observed not working.

Visitors were observed coming and going throughout the day and appeared to be

well-known to staff. There was a sign-in and sign-out system in place in the front lobby and visits took place in communal areas and residents' bedrooms where appropriate. Residents who spoke with the inspectors confirmed that their relatives and friends could visit anytime.

On the day of the inspection, some residents were observed sitting in the main reception seating area reading the paper or relaxing. Most residents were relaxing in day rooms watching TV and chatting with each other and staff. Other residents were seen sitting in the courtyards or in their bedrooms.

Inspectors observed the dining experience for residents and saw that the mealtime in the centre's dining rooms was a relaxed and social occasion for residents, who sat together in small groups at the nicely laid tables. There was a choice of meals provided, and residents could request an alternative meal if they wished. The meal served on the day of the inspection was seen to be wholesome and nutritious. A variety of drinks were being offered to residents with their lunch, and the staff appeared to know their preferences well. Some residents chose to eat in their rooms. Residents who required assistance with meals were provided respectfully and discreetly, and others were observed receiving assistance from their loved ones. The inspectors observed adequate numbers of staff available who were offering encouragement and assistance to residents on the ground floor. The first-floor mealtime experience required review to ensure there were enough staff available to meet the needs of the residents, as inspectors observed that some food had gone cold and had to be reheated.

Inspectors reviewed the questionnaires completed by residents or their family members as part of this announced inspection. A total of 14 questionnaires were completed. Overall, the feedback was very positive, with comments such as "I have everything I need and a lovely room", "as a family, we are very happy with our mother's care", and "management always seems to be around and involved". There were also many comments relating to the culture of the centre, such as "there is a great family atmosphere in St. Gabriel's", "St Gabriel's has a wonderful ethos and atmosphere", and "the continuity of familiar faces from reception to the entire home, means that care is greatly enhanced".

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

Capacity and capability

Overall, this inspection showed that the provider aimed to provide a good service to the residents. Residents' nursing and social care needs were well met. However, this inspection found that improvements were required to the governance and management systems in place to ensure that a safe service was consistently provided for residents living in the designated centre, particularly relating to the

oversight of the premises and infection control.

This was an announced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspectors reviewed actions from the last inspection, the information provided by the provider and the person in charge and unsolicited information received by the office of the Chief Inspector of Social Services.

The registered provider of St Gabriel's Nursing Home is SGNH Limited. There are two company directors, with one of these directors actively present in the management of the designated centre and was present during this inspection. The registered provider is part of a bigger group of nursing homes, and thus, further governance and resources were also provided by a team of senior managers, human resources and maintenance.

The training matrix provided to inspectors recorded high levels of staff attendance at mandatory training, including fire training, safeguarding, manual handling and infection control.

While reviewing records through complaints and staff files, inspectors found a number of safeguarding allegations. These allegations had not been recognised by the registered provider as potential safeguarding concerns and had not been notified to the office of the Chief Inspector as required by Regulation 31: Notifications. In addition, while these allegations and complaints had been responded to, there were gaps in the supervision of staff identified, which will be further discussed under Regulation 23: Governance and Management.

The registered provider had completed an annual review of the quality and safety of care delivered to residents in 2023 in accordance with the National Standards. There was evidence of consultation with residents and families through a satisfaction survey dated October 2023. However, inspectors were not assured that this review was driving quality improvements as it recorded full compliance with all the standards and did not identify the findings of this inspection. Management told inspectors that they were revising the template in advance of next year's review.

While the registered provider had systems in place to monitor the quality and safety of the service, such as committees, meetings and auditing. A number of these systems were not effectively monitored and actioned as while they were regularly occurring, these were not always leading to quality improvements and did not ensure that the service provided was safe, consistent and effectively monitored. This is further discussed under Regulation 23: Governance and Management.

The complaints process was accessible to all residents and displayed prominently throughout the centre; this detailed who the complaints officer and review officer were, and it also detailed relevant timelines. Inspectors reviewed the complaints log and could see that overall, the centre received a low level of complaints. From the sample reviewed, inspectors found that complaints were recorded, investigated and

concluded according to legislative timescales.

Regulation 16: Training and staff development

Staff had access to appropriate training and there was evidence of formal supervision occurring through induction forms, probation and annual performance reviews.

Judgment: Compliant

Regulation 21: Records

Staff records set out under Schedules 2 and 4 of the regulations were available for review. A sample of four records were reviewed and were seen to be kept in a manner that was safe and accessible.

Judgment: Compliant

Regulation 23: Governance and management

Action was required by the registered provider to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- While there were monthly environmental audits occurring, recent audits reviewed had findings which were not in line with inspectors findings. For example, it identified the kitchen wash-up areas as satisfactory.
- There was insufficient oversight of the premises and infection control, resulting in non-compliance with these regulations.
- Some meeting minutes, for example of residents' meetings while identifying areas for improvement, did not have an action plan in place with a person responsible and a timeframe for completion.
- A Clinical Governance meeting of July 2024 stated there was a restrictive practice audit occurring monthly. However the information collated was restraints in use and not an audit and therefore was not identifying that the restraints register was not in line with care planning documentation.
- As detailed in the observations section of this report, further oversight of the dining experience for residents on the first floor was required to ensure that all residents availed of a positive dining experience.
- Further oversight of monitoring notifications is required as the review of records as part of this inspection confirmed that the management personnel

responsible for recognising and submitting notifications were not aware of their obligation to notify any allegation, suspected, or confirmed of abuse of any resident to the office of the Chief Inspector.
- Systems in oversights of residents who are assigned for hourly checks required review as these were not continually recorded for one resident who was on increased supervision, which posed a risk of omission in their care.
- Inspectors found that the staff training and education policy was not always followed. This policy stated that a training needs analysis will occur to include information from complaints analysis, and mentoring of staff by more senior staff will occur in accordance with identified development needs. This was not seen to be followed for one staff member where there were two similar recorded incidents seen to occur within a three-month period.

Judgment: Not compliant

Regulation 31: Notification of incidents

While most notifications were submitted to comply with Schedule 4 of the regulations, inspectors identified a number of potential safeguarding allegations that were not submitted to the office of the Chief Inspector as required. It is acknowledged that these notifications were submitted following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

Further action was required in respect to complaints management within the centre. For example:

- The complaint and review officers had not received suitable training to deal with complaints.
- As part of the annual review, there was no general report provided on the level of engagement of independent advocacy services with residents and complaints received, including reviews conducted.

Judgment: Substantially compliant

Quality and safety

The registered provider was delivering good clinical care to residents, and there was good access to medical and health care services available. Residents told inspectors they were well looked after and appreciated the support they got from staff in the centre.

The inspectors reviewed a sample of resident files and found evidence, that overall, residents had person-centred care plans in place in line with regulatory timeframes. However, residents' individual assessments and care planning required improvement to ensure that they were accurate, and up-to-date and guided staff when providing care. For example, assessments and care plans on the use of restrictive practices did not accurately reflect the information collected in the restraints' register reviewed by inspectors. In addition, some residents' end-of-life care plans were lacking detail and required more information to ensure that the resident's specific wishes were recorded. This is further discussed under Regulation 5: Individualised Assessment and Care Plan.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP). Health and social care professionals also supported the residents on-site, where possible, and remotely, when appropriate. The centre had access to GP's from local practices who visited the centre on a weekly basis. Residents had access to advanced nurse practitioners, speech and language therapists, and tissue viability nurses. Residents had access to local chiropody services. A physiotherapist was employed by the provider and was present in the centre four days per week.

From the records reviewed, inspectors were assured that appropriate care and comfort were 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' preferences were facilitated.

Transfer documents for residents were used when a resident was transferring to another facility for care and treatment. A sample of these were reviewed, and inspectors found while the document was being used, it varied in detail, and some records did not contain all relevant information about the resident as areas were left blank.

Residents had access to advocacy services, opportunities and facilities for meaningful occupational activities. There was a variety of media available to residents, and the inspectors observed residents reading the newspapers and watching television. Residents' artwork from art classes that had taken place was on display throughout the centre, and residents were complimentary of the activities programme. Activities were offered seven days per week.

Residents were offered a choice of meal at mealtimes and there were refreshments available to residents throughout the day. Water dispensers were available throughout the centre and staff used them to serve water to residents. Pictorial menus were available, and each table had a printed menu listing mealtime choices. Residents were complimentary of the food, and their meal preferences were catered to by staff who knew them well. Nutritional assessment sheets reviewed by

inspectors were comprehensive and up-to-date and detailed residents' dietary needs effectively. Food was seen to be wholesome and nutritious, with adequate portion sizes. Some residents were observed eating with their family members, which provided a homely atmosphere.

Information relating to the designated centre was available through a resident's guide which was seen to be regularly updated. However, this guide required review to ensure it met all of the regulatory requirements.

Action was required in respect of the oversight of the premises and infection prevention and control, which were interdependent. Inspectors found that the maintenance of the premises and to items equipment required review to ensure they allowed for effective cleaning.

The risk management policy was requested prior to the on-site inspection and met the criteria stipulated by the regulations. For example, it detailed the measures and actions in place to control the five specified risks.

There were some systems in place to monitor fire safety procedures, such as regular maintenance of fire safety equipment, including fire extinguishers, emergency lighting and the fire alarm. There was a high level of attendance at fire safety training and simulated evacuation drills of different compartments were conducted at regular intervals. The registered provider had engaged a competent person to commence a full assessment of fire precautions within the centre, which was due to occur in the weeks following the inspection. However, further improvements were required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions. This is further discussed under Regulation 28: Fire precautions.

Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Some areas of the centre required review to ensure they complied with Schedule 6 of the regulations. For example:

- The designated smoking area did not have emergency call facilities.
- The external areas were not kept in a good state of repair. For example, the

decking in one enclosed courtyard was safe for use as some areas were uneven. Management had tape around it to ensure residents were aware of this hazard.

- Ventilation in a medication room and one communal shower room required review.
- There were signs of general wear and tear, particularly to:
    - Flooring in some areas, such as on a staircase was badly stained, and a communal shower room was damaged and lifting in places, there was also bubbling visible on some flooring in residents' bedrooms.
    - Tiling was damaged in some areas, such as a staff changing area.
    - Some areas of the centre required painting, such as door frames and architraves.
    - A part of the trunking was missing behind a water fountain on the ground floor.
    - A sink was damaged and chipped within a cleaner's store room.
    - There was a film present on windows within the chapel which was peeling.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily, providing a range of choices to all residents, including those on a modified diet.

Judgment: Compliant

Regulation 20: Information for residents

The residents' information guide had been updated since the last inspection and dated August 2024. However, this guide did not incorporate the terms and conditions relating to residence in the designated centre, and there was no information regarding independent advocacy services available to residents.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed five residents' transfer records and saw that relevant

information about the resident was provided to the receiving hospital; however, two of these records were not fully complete and lacked detail.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy included all the required information in line with the regulations, and there was a system in place for responding to emergencies, such as a fire documented in the provider's emergency plan.

Judgment: Compliant

Regulation 27: Infection control

There were ineffective processes in place to ensure that the centre complied with procedures consistent with the *National Standards for Infection prevention and control in community services* (2018). For example:

- Not all areas of the centre were clean. For example:
  - A trolley used to deliver water jugs and the hairdressing area required deep cleaning to ensure it met a high standard of hygiene.
  - Some items of cleaning equipment, such as a floor buffing machine and a cleaners trolley, were observed to be visibly unclean.
  - The roof and windows around the laundry room required cleaning as these were visibly dirty.
  - Some presses and the hot water machine in the staff dining area were unclean.
  - A drinking water fountain was unclean, with white limescale visible.
  - A chair scales was dirty with dust visible.
  - Some areas where there were gaps between a door and the skirting boards had dirt build-up visible.
- Areas of disrepair impacted the infection control procedures in the centre. For example, chipped and worn paintwork, tiles and flooring, could not ensure effective cleaning.
- The solution for the bedpan washer in the sluice room on the ground floor had expired and had a best-before-use date of October 2023.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire. For example:

- Two rooms which contained fuse boards were seen to store electronic equipment. For example, one was a clinical room and thus had a medicine fridge within the room. In addition, another room was the charging point for hoists.

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

- All but one external exit door was on a keypad, which would automatically open in the case of the fire alarm sounding. While this one exit door did have a key-guard box with a key available in place. As this differed from all other exits, this may impact on the evacuation time for staff, residents and visitors. Management told inspectors this door was due to be reviewed and added to a keypad for automatic opening.

The registered provider did not make adequate arrangements for detecting or containing fires. For example:

- Two doors holding open devices were not seen to work sufficiently on the day of the inspection. This meant that these doors would not sufficiently stay in place, and therefore, would impact on their ability to contain fire and smoke in the event of a fire.

Improvements' were required in the arrangements to safely evacuate residents. In one PEEP seen, it did not detail that a resident's preference was that their bedroom door would be locked at night time.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they required improvement to fully comply with the requirements of the regulations. For example;

- Restrictive practice care plans for five residents did not accurately reflect the restrictive practices implemented for these residents as recorded in the restraints register, which meant that staff were not effectively guided in the provision of care delivery to the residents.
- One resident did not have a care plan in place 48 hours after admission.
- End-of-life care plans were generic and lacked details such as the wishes and preferences of some residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical, health and social care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Interactions between staff and residents were observed to be person-centred and non-restrictive.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspectors observed that residents' privacy and dignity were respected. Residents told the inspectors that they were well-looked after and that they had a choice about how they spent their day.

Judgment: 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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Gabriel's Nursing Home OSV-0000174

Inspection ID: MON-0043185

Date of inspection: 05/09/2024

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
An environmental audit has been completed since the last HIQA Inspect and an action plan has been completed to ensure that all actions are carried out within the designated time frame.

An IPC Review was carried out on the premises and a scope of work has been developed to address areas identified I.E Catering area, Equipment, Floor Areas, Cleaning Equipment.

All meeting minutes will now have an action plan using the SMART Method. Company has invested in a new software system Viclarity.

The Home has completed a review of all restrictive practice data, all relevant communication has been distributed to staff and care plans updated to reflect same.

A mealtime review will take place by the Group Operations Team and all findings will be implemented by the local management and actioned.

Notification was sent on the day of inspection, Notification has now been closed by HIQA, going forward all notifications will be sent within the specified HIQA timeframes and will be overseen by the Group Quality and Care Manager.

Spot-checks will be carried out by DON/PIC and CNMs to ensure hourly checks are carried out as per resident's care plans.

Safeguarding policy and risk management policy have both been updated.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Notification was sent on the day of inspection, Notification has now been closed by HIQA, going forward all notifications will be sent within the specified HIQA timeframes and will be overseen by the Group Quality and Care Manager.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Complaints officer training has been booked for DON/PIC.

We are currently carrying out a satisfactory survey and review and this will include the level of engagement of independent advocacy services. All updates will be included in the new Annual review.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Break call units have been fitted to all designated smoking areas. Decking area was cordoned off on day of inspection and added to risk register of the home and repairs have been completed.

Operations Team currently reviewing usage of medication rooms.

Maintenance review is underway to ensure all areas are repaired to a required standard.

Maintenance have repaired trunking around the water fountain.

Replacement has been ordered for a new cleaner's storeroom sink.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
The Registered provider updated the residents guide to include information regarding the Independent Advocacy Service available to residents.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
Transfer letters are to be closely monitored by CNMs and DON to ensure all relevant information is inputted onto transfer letters.

Additional Training has been carried out with all nurses.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Catering Trolley has been replaced.

All equipment has been deep cleaned since inspection and household manager and catering supervisors carry out spot checks on all equipment. There is detailed SOP for all staff to carry out correct cleaning procedures on equipment.

Post inspection an external company has cleaned all windows and roofs throughout the home.

Catering manager will ensure all presses that serve Tea & Coffee from will be cleaned as per schedule. DON/PIC to carry out spot checks.

Water Fountains are now included on the daily cleaning schedules of the catering team.

A new procedure has been implemented for cleaning of clinical equipment this includes a

detailed SOP and timetable of when items should be cleaned and frequency. Nurse on duty to sign off schedule to ensure this has been achieved.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Operations Team currently reviewing usage of medication rooms. Door in question has been changed to a thumb lock. Review of all fire doors have been carried out and actions ongoing to ensure compliance. DON has carried out review of the Homes PEEPS and all relevant information has been passed to staff on daily handovers.	

Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The Home has completed a review of all restrictive practice data, all relevant communication has been distributed to staff and care plans updated to reflect same. PIC to ensure admissions policy and procedure is adhered to and Care plans are to be updated within 48hrs of admission. Group Quality and Care Manager to review all relevant wishes and preferences have been detailed on each resident's end of life care plan. Action plan be to be sent to PIC for completion.	

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(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 20(2)(e)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	31/10/2024
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	31/10/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	31/12/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	31/10/2024
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.	Not Compliant	Orange	30/11/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Substantially Compliant	Yellow	30/11/2024

	fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/10/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/11/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of	Not Compliant	Orange	31/10/2024

	its occurrence.			
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents.	Substantially Compliant	Yellow	30/10/2024
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted.	Substantially Compliant	Yellow	31/12/2024
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	31/10/2024
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	Substantially Compliant	Yellow	30/11/2024

	that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2024