



**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:	Bramleigh Lodge Nursing Home
Name of provider:	Derg Healthcare Ltd.
Address of centre:	Cashel Road, Cahir, Tipperary
Type of inspection:	Announced
Date of inspection:	27 March 2024
Centre ID:	OSV-0000204
Fieldwork ID:	MON-0037192

About the designated centre

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

Bramleigh Lodge Nursing Home is registered to accommodate up to 26 residents and the provider is a limited company called Derg Healthcare Ltd. The centre is a detached single storey building, situated close to the centre of Cahir town. It is located within easy reach of the tourist centre of the town and is serviced by nearby restaurants, public gardens, public houses, library and community hall. The stated aims and objectives of the centre include a commitment to providing the highest standards of person-centered care, developing and improving the quality of life in the centre for all residents, and to preserve the autonomy of residents, allowing free expression of opinion and freedom of choice. The residents' accommodation comprises of 14 single bedrooms and six twin bedrooms. A pre-admission assessment is completed on all potential admissions and this assessment determines the suitability of the centre to meet each resident's needs. The centre offers to meet the needs of low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. The centre caters for both male and female residents requiring support with the following care needs: General care, Dementia care, Respite care, Palliative Care and Acquired Brain Injury Care. All nursing care is provided on a 24-hour basis. Residents medical care is directed by their own General Practitioner (GP). The centre currently employs approximately 31 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 March 2024	09:15hrs to 17:45hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in Bramleigh Lodge Nursing Home received care that supported them to enjoy a good quality of life. Feedback from residents was that generally this was a nice place to live and staff were attentive to their needs. Staff were observed to deliver care and support to residents in a respectful manner. There was a friendly, relaxed atmosphere throughout the centre.

This was an announced inspection that took place over the course of one day. There were 24 residents in the centre and two vacancies on the day of the inspection. One of the residents was admitted on the day of the inspection.

Bramleigh Lodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a residential area of Cahir town, Co. Tipperary. It is a single storey facility and can accommodate twenty six residents in fourteen single and six twin bedrooms. Seven of the single bedrooms are en suite with shower, toilet and wash hand basin. All of the other bedrooms have wash hand basins. There are three communal bathrooms, each with shower, toilet and wash hand basin. There is one additional communal toilet for use by residents and two staff toilets, one of which is reserved for use by kitchen staff. Communal shower and toilet facilities are located proximal to the bedrooms that do not have en suite facilities.

Communal facilities comprise a sitting room, a dining room, a visitors room and a television room. The television room is small and was being used as a sensory room with relaxing music playing in the background and colourful lights projected around the room. There is a secure outdoor area that is accessible from the sitting room and from one of the corridors. This area is brightly painted and has an artificial grass surface, suitable garden furniture and large potted plants. This area was not in use on the day of the inspection due to inclement weather, however, the doors to the area are unlocked and it was readily accessible to residents.

On arrival to the centre, the inspector was met by the person in charge who facilitated the inspection. Following an introductory meeting, the inspector completed a tour of the building. The front door has a coded lock, however, a number of residents have the code and at least one resident was seen to come and go from the centre as they wished throughout the day.

There was an information stand inside the main entrance containing a copy of the centre's statement of purpose, the most recent inspection report, a residents' guide and details of how to make a complaint. There is an activities board on display with photos of residents on excursions to local attractions such as the sensory gardens, a beach, a local holiday park and the town green.

The building was found to be well laid out to meet the needs of residents and to support independence. There were appropriately placed handrails along corridors to

support residents to mobilise safely and independently. Though corridors are narrow, residents using mobility aides were able to move freely and safely through the centre. Residents' bedrooms provided residents a homely environment and a number of residents had personalised their rooms with ornaments and pictures. In some of the twin rooms, however, the inspector noted that the foot of the bed was proximal to the wardrobe, which restricted access to the wardrobes. There was a need to review the design and layout so that residents could have free access to personal belongings.

The centre was clean and tidy throughout, and generally well maintained. There were, however, some old screws on the wall in one area of the premises where there may have previously been pictures. There were also some small holes on the wall that required repair. The person in charge informed the inspector that there was an ongoing programme of maintenance and redecoration in place. All areas of the centre were bright, adequately heated and well ventilated. There were appropriate housekeeping and laundry facilities in the centre. It was noted, however, that the bedpan washer in the sluice room was out of order. Call bells were available in all areas, and the inspector observed that these were responded to in a timely manner by staff.

On the walk around the inspector reviewed many of the cross corridor fire doors and found that the smoke seals on all of the doors had been painted over, which would diminish their effectiveness in delaying the spread of smoke in the event of a fire. Some doors also required adjustment so that they would close properly. The emergency evacuation maps on display also required review to support residents, staff and visitors to identify their location in the centre relative to the nearest exit in the event of a fire.

As the day progressed, the majority of residents were up and about. Residents sat together in the day room watching TV, reading, chatting to one another and staff. Residents mobilised independently around the centre. A number of residents were in their own rooms, preferring to spend time on their own, reading, watching television or listening to the radio. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient and attentive to their needs. The inspector observed that personal care was attended to a good standard. Staff that spoke with the inspector were knowledgeable about residents and their individual needs.

The inspector chatted and interacted with the majority of residents during the course of the inspection. Those residents that were unable to communicate verbally were observed by the inspector to be comfortable and content. Residents that talked to the inspector, spoke positively of their experience of living in the centre. When asked what it was like to live in the centre, one resident said 'I'm very well looked after', another said that 'the food is very good and if you don't like something, they will give you something else'. Residents confirmed that staff were kind and responsive to their needs.

Residents confirmed that they had a choice in how they spent their day. Residents had access to television, radio, newspapers and books. There was an activities

schedule in place which provided residents with opportunities to participate in a choice of recreational activities. Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their relatives.

The dining experience was observed to be a relaxed occasion, and the inspector saw that the food was well presented and appetising. Residents had a choice of meals from a menu that was updated daily. Staff provided assistance to residents, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of the food provided.

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

Capacity and capability

The inspector found that the designated centre had established systems in place to ensure that care and services were provided in line with the designated centre's statement of purpose. This supported residents 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 the management of complaints, the identification of deficits in care delivery, and the submission of notifications.

This was an announced 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. Derg Healthcare is the registered provider of Bramleigh Lodge Nursing Home and the company comprises two directors.

From a clinical perspective, care was directed by a suitably qualified person in charge. The person in charge is supported in their role by a team of nurses, health care assistants, household, catering and activities staff. On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents.

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 attended by staff included modules on

infection prevention and control, training in medication management, and cardiopulmonary resuscitation (CPR). There were arrangements in place to provide supervision and support to staff.

The inspector found that although the centre had a system in place for reviewing the quality of care experienced by the residents living in the centre, the audit and oversight processes were not fully effective. For example, deficits in post-fall care were not identified through the audit process. Additionally, opportunities for learning through a review of accidents and incidents were not taken. These issues are outlined in more detail under Regulation 23 of this report.

A review of the accident and incident log identified that the provider had not ensured that the Chief Inspector had been notified of accidents and incidents. This is further discussed under Regulation 31 of this report.

The inspector reviewed the designated centre's complaints policy. The policy did not adequately reflect recent changes to the regulation. Overall action was required in the management of complaints and this is discussed in more detail under Regulation 34 of this report.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents. The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible and maintained in line with the requirements of the regulations.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. The person in charge was actively engaged in the governance, operational management and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Mandatory training was provided in key areas such as adult safeguarding, moving and handling and fire safety. Refresher training was available to ensure staff maintained their training requirements. As a result staff demonstrated appropriate knowledge and skills in their work.

Judgment: Compliant

Regulation 23: Governance and management

Action was required in relation to the oversight of quality and safety to ensure that the service was safe, appropriate, consistent and effectively monitored. The results of audits demonstrated a high level of compliance, however, this did not correlate with the findings of this inspection. For example:

- there was no tracking and trending of accidents and incidents to identify trends as an opportunity for learning
- reviews of individual accidents and incidents did not identify deficits in post-incident care that were not in accordance with evidence-based nursing practice. For example, neurological observations were not recorded where it was evident that the resident may have suffered a head injury following a fall or following un-witnessed falls
- reviews of individual accidents and incidents did not identify mitigation measures that may be put in place to minimise the risk of recurrence of incidents, such as the identification of additional falls prevention measures

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were not submitted in accordance with the requirements of the regulations. For example, a review of the accident and incident log identified three incidents in which residents were transferred to hospital for treatment following a fall, however, these were not notified as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

Action was required to ensure that there was an accessible and effective procedure for dealing with complaints that complied with the regulations. For example:

- the complaints policy did not provide adequate detail on the review process, should a resident or relative be unhappy with the outcome of the complaints process; it did not detail the right to a written response to a complainant; and there was inadequate detail on the rights of residents to support from an independent advocacy service
- a review of the complaints log found that there was inadequate detail recorded of the investigation process. Some complaints were closed and it was not recorded what interventions had taken place to resolve the complaint.

Judgment: Not 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.

Action required in relation to the policy on the management of complaints is outlined under Regulation 34.

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. Care was generally person-centred and reflected the residents' needs and preferences for support in their daily routines. Throughout the day of the inspection, the inspector observed that staff interacted with residents in a respectful manner. Action, however, was required to support full compliance with the regulations in the areas of care planning, evidence based nursing care, fire safety and access to personal possessions.

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. Residents' health and social care needs were met by timely access to their general practitioner (GP) and other health and social care services. The inspector did find, however, that a referral for review by an allied health professional was not made for one resident when the need was identified. There was also a need to ensure that nursing care provided to residents following a fall complied with evidence-based practice. This is discussed in more detail under Regulation 6.

The premises was well maintained and communal facilities were tastefully decorated and comfortable for residents to enjoy. Residents were observed to spend large parts of the day in communal areas to participate in activities and entertainment and to take their meals in the dining room. Residents that wished to remain in their bedrooms were facilitated to do so. For the most part, residents' bedrooms were suitable for the assessed needs of the residents living in them, however, the layout of a number of twin rooms required review to ensure they met the requirements of Regulation 17 and that residents could access their personal belongings easily.

The secure courtyard is small but is maintained to a good standard. It is brightly painted, has large plant pots, has an artificial grass surface and has suitable garden furniture. Residents had unrestricted access to all communal resident area's including the courtyard.

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 food offered at lunchtime. There was good social interaction observed between residents and also with staff members supporting and assisting them with their meals.

The inspector 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). Staff had access to hand sanitisers at locations that supported hand hygiene at the point of care. The provider had installed a number of clinical wash hand basins that complied with relevant standards.

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, however the bedpan washer was not working on the day, which did not assure that some of the equipment required by residents was effectively cleaned and decontaminated.

Action was required in relation to the management of fire safety. Fire drill records reviewed by the inspector involved a discussion around fire safety and the simulated evacuation of one resident on a ski sheet. Learning would be enhanced through simulated evacuation of an entire compartment in order to assess staff performance and enhance learning from the drills. A full review of cross-corridor fire doors was required as some needed minor adjustments to ensure that they provided an adequate seal when closed to prevent the spread of fire and smoke. These and

other areas are discussed further under Regulation 28 of this report.

Staff had attended training on responsive behaviour and the inspector 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. There were no bedrails in use and a number of residents had access to the keycode for the door and were seen to come and go over the course of the day.

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. The meeting records would benefit from an action plan to ensure that areas for improvement identified by residents were addressed.

Regulation 11: Visits

Visits by residents' families were encouraged and practical precautions were in place to manage and associated risks. Residents' access to their visitors was unrestricted. There was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

A review was required of the layout of some twin bedrooms. For example, the wardrobes in some twin rooms were at the end of a bed and there was insufficient room for residents to fully open the doors of the wardrobes and access their clothing.

There were holes in the walls and some old screws protruding from the wall where there may have previously been pictures.

The floor covering was damaged in one of the communal bathrooms and required repair/replacement.

Judgment: Substantially compliant

Regulation 27: Infection control

The bedpan washer was out of order on the day of the inspection, which posed a health and safety risk that equipment would not be appropriately decontaminated after use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire.. For example:

- preventive maintenance had not been conducted on emergency lighting at the required quarterly intervals. While servicing records indicated that preventive maintenance had most recently been conducted in March 2024, there was a gap of in excess of one year since it had been done prior to that
- records indicated that fire drills mainly comprised discussions around fire safety and the simulated evacuation of one resident on a ski sheet. The simulation of a variety of scenarios involving the evacuation of full compartments would better prepare staff for emergency evacuations
- a review was required of cross- corridor fire doors. For example:
 - some cross- corridor fire doors overlapped when they were closed and would not provide adequate protection against the spread of fire
 - the smoke seals on a large number of fire doors were painted over, making them less effective in preventing the spread of smoke in the event of a fire
 - the closing mechanism on one cross- corridor fire door required review as the door slammed shut when the mechanism was released, making it dangerous to residents in the vicinity of the door when the fire alarm was activated
- the door to one bedroom was found to be wedged open and would therefore not function effectively when the fire alarm was activated
- evacuation maps on display were not properly labelled to identify where you were in the centre. The maps also did not contain adequate detail, such as room numbers to assist in orientation to your location in the centre
- clarification was required of compartment boundaries, particularly in the area leading to the kitchen and laundry. While there were fire doors in this area, it was not clear if these formed part of a compartment boundary

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents care documentation was maintained electronically. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Action was required to ensure that residents were in receipt of a high standard of healthcare. For example:

- post-fall care delivered to residents was not in accordance with evidence-based nursing practice, such as the recording of neurological observations in residents that are known or suspected to have suffered a head injury in a fall
- the discharge record for one resident recommended that the resident should be referred for review by a physiotherapist, however, this had not been done
- records indicated that some observations, such as blood sugar levels, had not been recorded at the frequency indicated in the resident's care plan

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff that spoke with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. Staff were knowledgeable on the triggers that may cause residents distress or anxiety and were able to use de-escalation techniques to protect residents from harm. There were no residents using bedrails in the centre.

Judgment: Compliant

Regulation 8: Protection

The Inspector was satisfied with the measures in place to safeguard residents and

protect them from abuse. A safeguarding policy was maintained which guided staff on the measures to take to ensure residents were protected from harm. Residents stated that they felt safe in the centre and that they could approach any staff member if they had a concern. Staff working in the centre had a Garda Vetting disclosure in place prior to taking up employment. The provider was not pension-agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had dedicated staff responsible for the provision of activities. There were suitable facilities available for residents to engage in recreational and occupational activities. Resident meetings were held on a regular basis. Residents had access to radio, television and newspapers and were supported to exercise their political and religious rights.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bramleigh Lodge Nursing Home OSV-0000204

Inspection ID: MON-0037192

Date of inspection: 27/03/2024

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>Management will ensure that a robust improved auditing system will include identifying any trends which may be evident in incidents and accidents i.e. repeat time of falls, location, etc. Findings will be communicated at the regular governance management meetings.</p> <p>The PIC will ensure that closer monitoring will take place to monitor staff incidents, actions taken and follow through on all incidents and accidents. Further training will be provided by management if gaps are identified.</p> <p>Regular analysis of accidents and incidents will ensure that any risk identified will be acted upon to minimize occurrence of the same risk and outcome.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Management acknowledges that three previous falls which were subsequently transferred to hospital for treatment were not notified to HIQA. This was a total oversight, and management understand that it is their responsibility to report these through the HIQA Portal. Going forward, management will ensure that any accidents or incidents that require notification will be submitted within the requested timeframe.</p>	

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Management has updated the complaints policy and has updated accordingly.</p> <p>The complaints log has been reviewed and it is acknowledged that there are gaps in information provided, interventions and outcomes not documented. All staff made aware of the importance of inputting all outcomes so that we can learn from the outcomes and minimize the same complaint arising in the future.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A review of the residents' twin bedrooms has been carried out in consultation with the residents. The furniture in the bedrooms has been moved to ensure that the residents have free movement and access to their personal belongings, especially in their wardrobes.</p> <p>Recently, the nursing home has been fully decorated and painted. Old nails and holes were still in the walls at the time of inspection. Management was aware that this work had to be still carried out, and is since been completed.</p> <p>There is a program of works compiled to be completed for 2024. A floor in a bathroom had been identified that needs replacement. In addition, a new full wet room will also be upgraded in this area.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: On the day of inspection, the bedpan washer was not out of order, but it just needed to be reset as there was a simple malfunction of the software. This is a new bed washer which was purchased last year.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: With the change of ownership of the home, a gap in the servicing of the emergency lights had been identified. This has now been rectified in 2024.</p> <p>Management understands the importance of fire safety, and it conducts regular fire drills. We will ensure that a full evacuation of a compartment is conducted at least twice per year in addition to all other fire safety awareness, actions etc.</p> <p>A programme of immediate works was carried out after the inspection, the following has been rectified:</p> <ul style="list-style-type: none"> • Cross doors fixed in place when closed. • Smoke seals replaced. • The closing mechanism readjusted to ensure that the doors close safely to ensure it does not pose risk to any resident or staff. • Door wedges removed. • Evacuation maps updated. • Compartment boundaries reviewed and updated. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Closer monitoring of documentation by staff nurses required by management. Regular random audits to be carried out by the PIC.</p> <p>Training provided to all staff nurses around care planning, assessing and documentation.</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 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	31/07/2024
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	31/05/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	27/03/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/03/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/05/2024
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	31/05/2024
Regulation 28(2)(i)	The registered provider shall make adequate	Substantially Compliant	Yellow	31/05/2024

	arrangements for detecting, containing and extinguishing fires.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/05/2024
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 its occurrence.	Not Compliant	Orange	31/03/2024
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Not Compliant	Orange	10/04/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the	Not Compliant	Orange	31/03/2024

	<p>outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.</p>			
Regulation 6(1)	<p>The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.</p>	Substantially Compliant	Yellow	30/04/2024