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:	Whitethorn Lodge Care Home Tralee (Formerly known as Aperee Living Tralee)
Name of provider:	Whitethorn Lodge Care Home Tralee Ltd (Formerly known as Aperee Living Tralee Limited)
Address of centre:	Skahanagh, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	29 July 2024
Centre ID:	OSV-0000219
Fieldwork ID:	MON-0043888

About the designated centre

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

Aperee Living Tralee is a designated centre located on the outskirts of Tralee town. It is registered to accommodate a maximum of 68 residents. It is a two storey building with residents' accommodation on the ground floor. The centre is set out in four wings, namely, Beech, Oak, Torc and Dunloe; Mangerton is a unit with two single and one twin en suite bedrooms located by the main foyer. In total, bedroom accommodation comprises 50 single bedrooms and nine twin bedrooms; all with full en suite facilities. Communal areas comprise, two sitting rooms, Rose dining room, art room and oratory, and a quiet visitors' room. Aperee Living Tralee provides 24-hour nursing care to both male and female adult residents whose dependency range from low to maximum care needs; active elderly residents including those residents who have a diagnosis of dementia and cognitive decline, frailty, physical disability, psychiatry of old age, and residents requiring palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68

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
Monday 29 July 2024	09:15hrs to 17:30hrs	Breeda Desmond	Lead
Monday 29 July 2024	10:00hrs to 17:30hrs	Catherine O'Shea	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day in Aperee Living Tralee. Overall, there was a pleasant atmosphere and residents were observed to be relaxed and comfortable in their surroundings. The inspector met many of the residents on inspection and spoke with seven residents in more detail to gain insight into their lived experience in the centre. Residents gave positive feedback about the centre and were complimentary about the care provided and kindness of staff. It was evident that the team knew residents well and provided care in accordance with their wishes and preferences, and promoted their independence. However, on this inspection, inspectors continued to have concerns about the overall governance of the centre.

On arrival for this unannounced inspection, inspectors were guided through the centre's risk management procedures, which included a signing in process and hand hygiene. Inspector saw that re-decoration was ongoing in the centre. The external of the building was newly painted and this had improved the appearance of the building. Continuous upgrading and refurbishment of the building was ongoing with new flooring seen in some areas, redecoration of the activities room and new storage space for equipment such as wheelchairs for example.

Reading material such as the statement of purpose, residents' guide, inspection reports, complaints' policy and annual quality report were displayed by reception. The certification of registration and main fire panel were also located by reception.

Nine residents were seen to have their breakfast in the dining room and staff present actively engaged with residents and provided assistance in accordance with their needs. Other residents were relaxing in the main foyer and day room. The inspectors observed that morning care was delivered in a relaxed manner; staff were observed to knock on bedroom doors before entering and to chat with residents. Following personal care, residents came to the day room or reception area to relax. Residents were seen to read the news paper and chat with their friends. Bedrooms were decorated in accordance with the resident's preference, and were homely and personalised.

Inspectors spoke with residents in the dining room at lunch time and observed the mealtime experience. Tables were set prior to residents coming to the dining room for their meals. Menus were displayed on each table with pictures and written information on the daily menu choice. Meals were pleasantly presented and served in a friendly and social manner. Residents requiring assistance were seen to be helped in a respectful manner, and there was sufficient staff in the dining room to provide assistance. Inspectors saw that morning and afternoon snacks and beverages were offered to residents in communal areas and then staff went around to residents in their bedrooms offering refreshments.

One resident explained that she was out with her family over the weekend celebrating her birthday and another party was planned with staff and residents during the week. Visitors were seen in and out throughout the day and were welcomed by staff.

There were plenty of activities taking place in the centre and a varied activity schedule was seen by inspectors. The activities programme was displayed on each corridor reminding residents of the activities programme of the day. Also displayed on each unit were the staff on duty for their unit and team leaders. A new very large screen TV was installed in the main day room and residents reported that it was much clearer and easy to see. The day room was full for morning and afternoon activities. In the morning the activities co-ordinator facilitated different sessions and in the afternoon, the musician played and sang and it was clear that he knew the residents and their 'party pieces' and encouraged residents to participate in the sing-along.

The inspectors saw that the smoking area was accessible via the activities room. This was a sheltered area outside the door of the activities room with seating, fire retardant aprons, call bell and a fire blanket as part of their fire safety precautions. Inspectors spoke with two residents here as they were enjoying smoking and cup of tea. The staff member supervising actively engaged with residents as they relaxed in the smoking area. The garden area was accessible through the oratory and activities room. Additional garden chairs were available for residents to sit out and enjoy the garden. The room designated for storage near Skellig wing could accommodate a limited amount of equipment; upgrading of this room was completed and enabled storage of wheelchairs and hoists. There were designated rooms for storage of clean linen and incontinence wear.

The inspectors observed lovely person-centered interactions between staff and residents, and it was obvious that staff knew residents well and visa verse. The person in charge and assistant person in charge were well know to the residents and were greeted by name by a number of residents.

Medication trolleys were secured to walls; residents' records were securely maintained in designated presses on each unit. Doors to clinical and sluice rooms were secured to prevent unauthorised access in line with best practice as sharps bins were stored in these rooms. Both clinical rooms had infection prevention and control compliant hands-free clinical sinks.

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 risk inspection to monitor the care and welfare of residents as the centre is currently in escalation due to the instability of the governance arrangements of the provider.

The previous four inspections of Aperee Living Tralee undertaken on 27 September 2022, 04 April 2023, 04 September 2023 and 18 January 2024 identified significant areas of concern relating to the governance and management of the centre, the protection of residents' finances and fire safety. Fire safety had also been identified as an issue in the report of the 08 February 2022 where significant improvements were required to ensure adequate precautions against the risk of fire. Following the lack of progress by the provider to address serious fire risks identified in their fire own external fire safety risk assessment undertaken in December 2021 and issues identified during the inspection of the centre on 27 September 2022 and 04 April 2023, a restrictive condition was attached to the registration of the centre requiring the registered provider to have the fire safety works completed by 16 June 2023 to ensure the safety of the residents. The Chief inspector acknowledges that those works were completed, however, the protracted nature of the registered provider's response to such a serious issue raises concern about the competence of the registered provider. Significant issues around the safeguarding of residents' finances were identified on an inspection of the centre in April 2023 where all reasonable measures had not been taken by the registered provider to protect residents finances and the management of pension arrangements in the centre. Residents monies were lodged into the operational account of the centre and despite assurances from the registered provider that a resident client/account would be put in place a further inspection of the centre on 04 September 2023 found that there was still no residents' account in place and residents' monies remained unprotected. The Chief Inspector issued a notice of proposed decision to cancel the centre's registration on 09 November 2023 due to serious concerns about the registered provider's fitness to operate the centre and their lack of action in addressing governance and management issues and the protection of residents finances.

Following receipt of this notice to cancel the registration of the centre the provider submitted representation to the Chief Inspector on 08 December 2023, outlining actions they had or were taking to address the serious regulatory non compliance identified and requesting that the Chief Inspector reconsider the decision. The representation submitted outlined a revised organisational structure and detail of the action being taken to bring the centre into compliance with the safeguarding of residents' finances. While the concerns relating to residents' finances and fire precautions had been addressed with the completion of fire safety works and the establishment of a separate resident bank account to ensure the safeguarding and protection of residents' personal monies, the organisational structure on the day of the inspection did not reflect that outlined in the representation submitted. The post of quality manager was provided on an advisory basis by an external consultant to the Aperee group part-time, and human resource (HR) was provided by a HR company external to the Aperee group.

Aperee Living Tralee is operated by Aperee Living Tralee Limited, the registered provider. The centre is part of the Aperee Living Group, which operates a number of centres around the country. Since November 2021 the Chief Inspector has on eight

occasions been notified of changes to the directors of Aperee Living Tralee Ltd, some changes reflected the removal and reappointment of the same people; and further changes occurred following this inspection.

On several occasions Aperee Living Tralee Ltd failed to comply with the regulatory requirement to give the Chief Inspector eight weeks notice of a change to the directors of the company including when one of the three directors appointed in November 2023 departed the company on 31 January 2024. When this director attended a meeting with the Chief Inspector on 15 February 2024, as a director of the company, the Chief Inspector was not aware that they were no longer a director of the company. A further change of directors was notified in May 2024 where a second director appointed in November 2024 resigned and the regional manager was appointed as a director of Aperee Living Tralee Limited. And yet again, legally mandated registration notifications had not been submitted within required time lines to the office of the Chief Inspector.

Within the centre, care is directed by a suitably qualified person in charge who is supported by an assistant director of nursing and a team of nursing, healthcare, domestic, activity, maintenance, administration and catering staff. An external HR firm provide HR support and expertise, which local management explained they have availed of the expertise. The quality improvement manager was a consultative post only available to the Aperee group of six nursing homes three days per week but was scheduled on site the day following the inspection to discuss their quality improvement strategy. Since the last inspection a regional clinical manager was appointed. She is on site once a fortnight to support the service, and came on site for the inspection to support the team. Weekly management meetings are facilitated with the registered provider, regional clinical manager and local management, with set agenda items, and minutes of these meetings are recorded. Agenda items include key performance indicators and other relevant information to provide oversight and guidance. Notwithstanding the appointment of the regional clinical manager, the governance structure remained weak and did not reflect the commitments given to strengthen it as identified in the representation submitted by the registered provider.

Incidents occurring in the centre were recorded electronically and there was good oversight and monitoring of incidents by the person in charge. The complaints procedure had been updated in response to the changes in legislation, however, some further amendments were required to ensure that the procedure displayed was in an accessible format for residents and visitors. Nonetheless, the complaints log examined showed timely responses by management to issues raised with actions taken to mitigate recurrence, and to the satisfaction of the complainants. Staff had access to training in accordance with their role and responsibility and additional training was scheduled to ensure all training remained current.

A current insurance certificate was in place. Contracts of care were reviewed and they had the specified requirements as detailed under the regulations. A sample of Schedule 2 records of staff files were examined and these required attention to ensure all the specified information was maintained. The residents guide and

statement of purpose required updating to reflect the current organisational structure.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience and qualifications as specified in the regulations. She was full time in post and was actively involved in the governance and management of the centre. She positively engaged with the regulator and was knowledgeable regarding legislation pertaining to running a designated centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels on the day of the inspection were appropriate to the size and layout of the centre and the current residents and their dependency needs.

The duty roster was reviewed and showed that the person in charge and ADON worked full time. There were two clinical nurse managers (CNMs) and they worked on alternate weekends to provide managerial support for the service; the person in charge and ADON also operated an on-call rota on weekends providing additional support.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory and other training in accordance with their roles and responsibilities. Training was scheduled in the weeks following the inspection as part of ongoing training and development to ensure that staff training remained current.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was examined and it had the specified details as required in Schedule 3, paragraph 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Staff files were examined and action was necessary to ensure Schedule 2, Staff records, were maintained in compliance with regulatory requirements as follows:

- there were unexplained gaps in employment history in two of the four staff files viewed.

Judgment: Substantially compliant

Regulation 22: Insurance

A current certificate of insurance was available with the specified requirements as detailed under Regulation 22, Insurance.

Judgment: Compliant

Regulation 23: Governance and management

Significant concerns remained with regard to the governance and management of the service and the registered provider's ability to ensure that the service provided was safe. This was evidenced by the following:

- the management structure of the provider remained ill-defined and unstable regarding the lines of authority and accountability, and to specified roles and detailed responsibilities for all areas of care provision. Senior management roles within the organisation that were submitted on the organisational structure to the Chief Inspector in November 2023 remained vacant such as a Director of Quality and Human Resource manager and there were also a number of changes to the directors of the company since that submission,
- legally mandated registration notifications had not been submitted within required time lines to the office of the Chief Inspector. For example, notification of the departure of a director was submitted to the Chief Inspector in April 2024, despite the person leaving the role in January 2024. In addition Aperee Living Tralee Ltd presented this person as a director of the

company at a meeting with the Chief Inspector on 15 February 2024 even though this person was no longer a director,

- a further change of director was notified in May 2024 where one director resigned and the regional manager was appointed as a director of Aperee Living Tralee Limited; there was a delay in submitting the associated legally mandated notification to the Chief Inspector within the required time-line
- monitoring systems were not sufficiently robust to ensure the service provided was consistent and effectively monitored as identified under a number of regulations in this report including Regulations 21: Records, Regulation 4: Policies and procedures, Regulation 27: Infection control, Regulation 28: Fire Precautions, and Regulation 5: Assessment And Care plan.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were examined and these had the details specified to ensure regulatory compliance.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose required updating as follows:

- the statement of purpose did not include the updated complaints procedure.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers to the service did not have their roles and responsibilities set out in writing as required under Regulation 30, Volunteers.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The incident and accident log was examined and notifications submitted to the Chief Inspector correlated with these. Notifications were timely submitted and in accordance with the specified regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure had been updated in response to the changes in legislation, however, some further amendments were required as the procedure displayed was not in an accessible format that could be easily read and followed by residents and visitors.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were updated in line with specified regulatory requirements as follows:

- several of policies were out of date and had not been updated in line with Regulation 4 requirements
- the emergency plan was not updated to reflect the current emergency contact as the previous non-clinical manager was detailed as the emergency contact.

Judgment: Substantially compliant

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider failed to give eight weeks notice in writing to the Chief Inspector in relation to change of company directors as required under paragraph 3 of Schedule 1:

- the provider did not inform the Chief Inspector of the change of director until April 2024 when the director actually left the company in January 2024
- the provider did not inform the Chief Inspector of the change of directors in May 2024 after the departure of one director and appointment of another director.

Judgment: Not compliant

Quality and safety

Residents were supported and encouraged by staff to have a good quality of life in Aperee Living Tralee. There was evidence of residents needs being met through staff supervision, good access to healthcare services and opportunities for social engagement.

Inspectors were assured that residents' health care needs were met to a good standard and that staff were responsive to residents care needs, and this was observed on inspection. Residents had good access to GP services and medical notes showed regular reviews by their GPs, including quarterly reviews of medications to ensure best outcomes for residents. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, the integrated care programme for older people (ICPOP), dental, optician, tissue viability and palliative care for example.

A sample of care documentation was reviewed and these showed mixed findings. While there was some excellent individualised information with positive goal-setting to promote residents' independence, information within assessments was limited and sometimes conflicting. While personal emergency evacuation plans were in place for all residents, these were not always updated with the changing needs of residents. Nonetheless, improvement was noted in assessment associated with end of life care. In the sample reviewed, detailed information was evidenced informing the reader of the resident's stated wishes and preferences regarding their care, should they become unwell. Transfer letters were in place for times when residents were transferred to other care facilities, and upon their return to the centre.

Controlled drug medication management was viewed and practice and records showed that these were maintained in line with professional guidelines. The person in charge had ready knowledge of residents' with a history of MDROs and these were recorded as part of residents' care documentation. The assistant person in charge had just completed the infection prevention and control lead practitioner course and was in the process of rolling out initiatives in line with national standards.

Residents had access to a meaningful activation programme over seven days per week. This included one-to-one activation in communal areas as well as residents' bedrooms, group activities, music and mass once a month. Staff were allocated to the day room in the evening times for social activation and supervision.

While most twin bedrooms had privacy curtains to support the privacy of both residents, one resident in one twin bedroom did not have a privacy curtain. The privacy curtain was put in place immediately when the issue was identified.

Residents' meetings were facilitated regularly and their input was sought regarding the running of the centre; this included the colour schemes for the centre, parties and other seasonal gatherings.

Daily fire safety checks were comprehensively completed. Weekly door-releasing inspections were completed and actions were immediately taken when issues were identified. Fire equipment servicing records were available and up to date. Monthly fire safety checks were comprehensively completed. Fire training was up to date for all staff and fire drills were completed as part of fire safety training. Nonetheless, better oversight of drills and simulated evacuations was required and details of this is further reflected under Regulation 28, Fire precautions.

Regulation 10: Communication difficulties

Observation on inspection demonstrated that staff had good insight into residents' communication needs and supported residents to be independent, and involved in the day-to-day life of the centre.

Judgment: Compliant

Regulation 11: Visits

Visitors were seen coming and going to the centre throughout the day. Visitors were welcomed to the centre by staff who knew them by name and actively engaged with them. There was ample space for residents to receive their residents in communal areas such as the recently refurbished day room to the left of reception.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to a double wardrobe, bedside locker, and display shelving, and some had additional chest of drawers to store and display their personal possessions.

Laundry was done on site and no issues were raised regarding laundry services.

Judgment: Compliant

Regulation 13: End of life

Care plans associated with end of life had valuable information to support the residents when them became unwell. These were updated following the findings of the last inspection and showed that staff had taken time to discuss residents' wishes and preferences and record them to ensure individualised care could be provided.

Judgment: Compliant

Regulation 18: Food and nutrition

Mealtime was seen to be a social occasion. Residents dined with their friends and social interaction was observed between residents and their friends and staff. There were adequate staff to provide assistance to resident during meal time. Meals were seen to be well presented and served appropriately. Residents were offered choice and those spoken with reported that the quality of food was really good.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide required updating as follows:

- to reflect the current organisational structure as the previous provider representative was included in the organisation structure.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that all relevant information was transferred with the resident when they were temporarily transferred to another care facility. Upon their return to the centre, the person in charge ensured that all relevant information was obtained to ensure the resident could be cared for in accordance with their changed needs.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy had the specified risks as detailed under Regulation 26, Risk management.

Judgment: Compliant

Regulation 27: Infection control

Action was necessary to ensure compliance with infection control procedures as follows:

- surfaces to doors, architraves and furniture were marked and scuffed so effective cleaning could not be assured
- call bells cords in en suites were long and dangling on the ground and at risk of cross contamination
- the urinal drying rack was positioned over the clinical hand wash sink increasing the risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was necessary regarding fire precautions as follows:

- reports of completed drills and simulated evacuations had the same narrative over several episodes where they recommended that wheelchairs be accessible on night duty, however, as this was a recurring item highlighted, inspectors were not assured that this had been actioned as part of their fire safety precautions to enable fast access to wheelchairs in the event of a fire
- the sample of records reviewed showed that most drills occurred in one wing of the centre, therefore there was no evidence that staff were familiar with evacuations of all parts of the centre
- while there were floor plans displayed, the emergency evacuation routes were not detailed to inform evacuations routes available.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Controlled drug records were examined and showed that these were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure assessments and care planning documentation was in line with specified regulatory requirements as follows:

- care plans were not always updated with the changing needs of residents and this included personal emergency evacuations plans (PEEPs). For example, one resident's condition had deteriorated from being mobile to now being confined to bed and chair, however, their PEEP did not reflect the additional supports they needed in an emergency,
- the assessment for skin integrity stated the one resident was not at risk, however the resident had three pressure areas being monitored and the assessment had not been updated to reflect this risk
- there was conflicting information in the 'activities of daily living' suite of assessments versus the individual risk assessments so it was difficult to determine relevant information to inform personalised care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice and medical notes reflected good oversight of medication and responses to changes in medication to enable best outcomes for residents. Advanced care directives were discussed with residents and their decisions recorded to ensure they were cared for in accordance with their preferences. Records reflected good pain management, oversight of catheter changing and maintenance, records of episodes such as seizure activity, and antibiotic rationale usage as part of medication management. There were arrangements in place for residents to access allied health and social care professionals such as dietetic services, speech and language, and community palliative care services. A review of residents' care records evidenced that the treatment plans and recommendations of the medical and allied health and social care professionals were incorporated into resident's care plans. There was a low

incidence of pressure ulcer development in the centre and good wound care practices implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Observation on inspection demonstrated that staff were knowledgeable and had good insight into residents' behaviour and how to support them to be as independent as possible. Observation showed that support was given to residents in a respectful manner that ensured residents' dignity.

Judgment: Compliant

Regulation 8: Protection

Following findings of the last inspections, the provider had set up a separate residents' bank account in accordance with their legal responsibility of safeguarding residents' finances. Staff training relating to safeguarding was up to date for all staff and observation on inspection showed that this was implemented into practice.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to an activities programme over seven days. The activities programme was varied and included entertainment from the community as well as in-house activation. Residents reported they enjoyed the activities programme. The live music session in the afternoon of the inspection was well attended and it was evident that the musician was well known to residents, knew their 'party pieces' and encouraged residents to participate.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Whitethorn Lodge Care Home Tralee OSV-0000219

Inspection ID: MON-0043888

Date of inspection: 29/07/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A review of all staff files is taking place and any gaps in employment history have been followed up and rectified.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The management structure of the Registered Provider is as per the Statement of Purpose of the centre and is clearly defined. The Registered Provider is in the process are outlining a clear and defined Governance and Management Structure to the Authority. The Registered Provider accepts responsibility for failing to provide the necessary notifications to the Authority. The monitoring systems to ensure the service is consistent and effectively monitored, will be addressed in the above Governance and Management structure. **The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.**	

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The statement of purpose has been updated to reflect the current updated complaints procedure. The updated version is now on display for all residents.

Regulation 30: Volunteers	Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers:

Any volunteers involved with the service will have their roles and responsibilities clearly set out in writing for them as per our new policy suite. Subsequent to this inspection we do not have any volunteers in the service.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

An easy read accessible format of the procedure for making complaints is now readily available for residents and visitors. The complaints procedure has been reviewed.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

A new suite of policies has been purchased by the centre from nursing matters and is being implemented in the center and these policies are being updated locally to reflect current guidelines.

The emergency plan has been updated to reflect current management structures.

Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant

Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:

The Registered Provider commits to ensuring it complies with all the necessary notification periods required.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

The residents' Guide has been updated to reflect the current organizational structure of the center.

Regulation 27: Infection control	Substantially Compliant

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

We have done a walkabout refurbishment audit of Whitethorn Lodge.

Following this a plan has been put in place to action the findings of this audit including employing a painter.

All call bell cords in bathrooms have been reviewed and are all a suitable length to avoid cross contamination.

As recommended by the inspector, the urinal drying rack has been moved to prevent cross contamination.

Regulation 28: Fire precautions	Substantially Compliant

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

Simulated fire evacuations and the documentation of same has been reviewed to ensure staff are fully trained and aware of the way an evacuation procedure should take place in any area of the building and documentation reflects this and learnings has been communicated to all staff.

Floor Plans of the building have been updated to inform evacuation routes available in the event of an emergency.

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:

Training and a full review of all care plans and assessments has taken place and all nurses are aware of the importance of ensuring information is accurate and individual to each resident, one assessment has been made redundant because it did not work in unison with other conflicting assessments.

All PEEPs and skin assessments have been reviewed to ensure they reflect current residents conditions.

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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	01/10/2024
Regulation 20(2)(a)	A guide prepared under paragraph (a) shall include a summary of the services and	Substantially Compliant	Yellow	30/07/2024

	facilities in that designated centre.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	13/10/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/09/2024
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.	Not Compliant	Orange	30/09/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	29/01/2025

	infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	24/08/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	24/08/2024
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	Substantially Compliant	Yellow	28/08/2024

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/07/2024
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	23/08/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	30/07/2024
Regulation 04(3)	The registered provider shall review the policies and procedures	Substantially Compliant	Yellow	13/10/2024

	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.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/08/2024
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 concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/08/2024