



**Health
Information
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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:	Rathkeevan Nursing Home
Name of provider:	Drescator Limited
Address of centre:	Rathkeevin, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	08 May 2024
Centre ID:	OSV-0000271
Fieldwork ID:	MON-0043362

About the designated centre

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

The centre was purpose built in 2001 and the premises is laid out in four parallel and interconnected blocks on a spacious site. The registered provider for the centre is called Drescator Limited and this centre has been managed by the provider since it opened 21 years ago. The centre is located in a rural setting approximately eight kilometers from Clonmel town. The centre provides care and support for both female and male residents aged over 18 years. The centre provides care for residents with the following care needs: frailty of old age, physical disability, convalescent care, palliative care, and dementia care. The centre can care for residents with percutaneous endoscopic gastrostomy (PEG) tubes, urinary catheters and also for residents with tracheotomy tubes. However, residents presenting with extreme behaviours that challenge will not be admitted to the centre. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. There is a qualified physiotherapist based on site who works as part of the management team. The centre currently employs approximately 54 staff and provides 24-hour care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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 8 May 2024	10:00hrs to 18:40hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Rathkeevan Nursing Home was a good place to live. The inspector spoke with a number of the residents to gain information on their experience of living in the centre. The feedback was generally positive. Residents who could voice their opinions said that the staff were lovely, kind and attentive.

There was a large percentage of residents who were living with some degree of cognitive impairment. To that effect, their feedback could not be gathered by the inspector. Generally, these residents appeared comfortable, however the inspector observed a number of residents with cognitive impairments who were left in bed for extended periods in the morning, and who were not offered sufficient opportunities to be active and engaged. In the evening, there was a marked increase in the number of residents with cognitive impairments who became unsettled, and the inspector observed that there was insufficient supports in place to fully monitor and redirect these residents.

On arrival, the inspector observed that a number of residents were up and about in the communal areas including the main and smaller sitting rooms, and the smoking room. Other residents were still in bed, with some remaining in bed throughout the morning and up until lunchtime. It was apparent that a shortage of healthcare assistants (HCA's) was impacting on the ability of staff to assist residents with their personal care and hygiene needs in a timely and appropriate manner. Staff who spoke with the inspector said that it was very difficult to get to everyone, but that they were trying their best. Staff told the inspector that they were often short staffed, and that it was becoming difficult to manage the workload. The inspector observed that once residents had been assisted to get up and dressed, they then were gathered in the communal areas. In the absence of activity staff or other staff, the residents were disengaged and sat until lunch time. A member of the catering team did come around with a choice of hot and cold drinks and biscuits which the residents enjoyed.

One long term resident stated that they were happy in the centre, but had noticed that staff were sometimes "rushing and racing". One resident said they tried to only ring the bell when they really needed something as they knew the staff were very busy. Residents said the staff were always kind and patient.

Overall the centre was generally clean and uncluttered with some ongoing minor decorative upgrades required, including repainting of some rooms. The sitting rooms opened up to lovely outdoor courtyards which could be accessed freely by residents, however none of the residents were observed outside during the inspection, despite the weather being nice. The walls in the corridors were decorated in some parts with residents' artwork and crafts, and collages and photographs of activities and outings. These were the same displays as seen on previous inspections.

Residents' bedrooms were well-maintained and spacious, with sufficient space to store residents clothing and belongings. The majority of bedrooms were personalised with residents' own photographs, ornaments, soft furnishings and items from home. Some residents said they liked to spend the day in their room as they had everything they needed there. Residents told the inspector that their clothes were laundered regularly and returned to them without delay.

No scheduled group or one-to-one activities took place on the morning of the inspection. In the afternoon, a staff member who was trained in dementia-specific activation therapy, remained on duty for two hours to conduct an activity session with a small group of residents. No other residents were afforded options for activities.

The inspector observed the dining experience at lunch time and found that it had improved since the previous inspection. The service was less chaotic and noisy and more conducive to a pleasant dining experience. A radio was playing loudly and the inspector observed management reminding staff to keep the radio tuned to an appropriate channel, at a moderate volume. Residents said that the food was always lovely and there was always choices available. The menu was seen to be varied and the residents said if they didn't like what was on the menu they were given other choices. Modified diets were seen to be well presented and appetising

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 impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this unannounced inspection were that the registered provider was not fully delivering a person-centred and high-quality service to the residents. The governance and management systems in place were not effective in ensuring a safe and consistent service to the residents.

The centre had most recently been inspected in November 2023, the findings of which presented a drop in compliance levels across a number of regulations. A cautionary provider meeting was held following that inspection, whereby the registered provider committed to a series of actions to come into compliance. These commitments were documented in the registered provider's compliance plan, in response to the findings of the inspection. A further compliance plan update was sought in January 2024, and the registered provider gave assurances that the identified issues had been actioned and were complete. This unannounced inspection was conducted to assess the impact of the changes outlined in the compliance plan, and whether these changes had been effective in improving regulatory compliance and ensuring the safety and welfare of residents in the centre.

The inspector found that the majority of the actions committed to in the compliance plan had not been implemented, particularly with regard to the overall governance and management of the centre. Furthermore, new non-compliance with some regulations was identified, which did not provide assurances that the registered provider had taken all necessary actions to ensure the safety and welfare of the residents. Repeat non-compliance was found with regard to;

- Regulation 23: Governance and management
- Regulation 6: Healthcare
- Regulation 5: Individual assessment and care plan

Additionally, new non-compliance was found with regard to;

- Regulation 15: Staffing
- Regulation 31: Notification of incidents

Improvements were noted in relation to managing behaviour that is challenging, food and nutrition, and written policies and procedures.

Since the previous inspection, the Chief Inspector had received two pieces of unsolicited information of concern regarding the centre. The information largely related to a perceived lack of staff in the centre, and delays in residents' receiving appropriate care. The office of the Chief Inspector had engaged with the registered provider with regard to one of these concerns prior to the inspection, in relation to an allegation of a lack of staff in the centre, and sufficient assurances were received at that time, that the staffing levels were adequate to support the residents safely. However, this inspection found that the lack of staff in the centre, and the lack of oversight of incidents such as falls, posed a risk to the safety and welfare of residents.

Drescator Limited are the registered provider of Rathkeevan Nursing Home. There are three company directors, who regularly attended clinical governance meetings and are engaged in the operational management of the centre. The local management team within the centre had changed since the previous inspection. A new person in charge had commenced on 29 April 2024 and she was being supported to integrate into the centre by the General Manager, who works in a fully supernumerary capacity, and the clinical nurse managers. There are two clinical nurse managers (CNM's). Previously, there was a minimum of two supernumerary days allocated to the CNM's each week, however, this was no longer in place due to a shortage of nursing staff which required the CNM's to be present as the nurse on duty. This was a departure from the previous commitments by the registered provider to ensure that this arrangement stayed in place, to allow for heightened oversight of all aspects of care.

The centre is registered to provide accommodation for 61 residents, and there was 48 residents living in the centre on the day of inspection. The person in charge outlined that staffing levels were reviewed in line with the centre's occupancy levels. The inspector found that there was an insufficient level of staff to meet the

collective and individual clinical and social care needs of the residents present during the inspection. The impact of this is discussed under Regulation 15: Staffing.

As discussed under Regulation 23: Governance and management, the management systems within the centre to oversee the basic care of residents were not sufficient. While some regular audits were conducted, for example audits of privacy and dignity, fire safety and infection control, important areas of clinical care were not audited or subject to any systematic review. For example, the increase in falls, particularly those resulting in serious injuries, had not been reviewed. No targeted improvement plans to support the reduction in these incidents was in place, leading to a service which was not fully overseeing the safety of residents.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the necessary qualifications and experience to meet the criteria of the role, as defined by the regulation.

Judgment: Compliant

Regulation 15: Staffing

The registered provider did not ensure that the number and skill mix of staff was appropriate having regard for the assessed needs of the residents, and given the size and layout of the centre. The inspector found evidence to support this finding as follows:

The centre was not operating in line with the whole time equivalent (WTE) staffing levels outlined in their statement of purpose;

- The healthcare assistant WTE of 21 was not in place. The current rosters reflected a WTE of 17.30.
- The supernumerary clinical nurse manager (CNM) WTE of 0.66 was not in place and as a result, the CNM's were required to be deployed to full-time nursing roles. There was seven staff nurses employed, including the CNM's. This meant that all staff nurses were working above their contracted hours to fulfil the rota requirements of two nurses over 24 hours;

A review of the staffing rotas for the past month highlighted a concerning shortage of staff on some shifts. For example;

- On the week preceding the inspection, there were two nights when there was only one nurse on duty. On one of those nights, the nurse was supported by two agency staff as the rota could not be covered by the centre's own staff.

On one night, there was two nurses, but only one HCA, and on another night, there was two nurses and no HCA. On that occasion, another nurse came on duty from 8.30pm to 3am. This level of staffing is unsafe, and presents significant risk to the care and welfare of residents.

The number of staff on duty on the day of inspection was found to be insufficient to meet the individual and collective needs of the residents. For example;

- Management outlined that at the current occupancy of 48 residents, eight HCA's should be on duty at 08.00am. On the day of inspection, while eight had been rostered, three were on short-notice leave. The staffing contingent did not allow for these shifts to be covered at short notice.
- The staff designated to activities were on duty, however they were deployed to bring a resident to an appointment, and did not return to the centre. Therefore there was no activities staff on duty in the centre.

The impact of the lack of staff in the centre included the following;

- HCA staff struggled to complete each resident's personal care in the morning. For example, between 11.30 and 12.00pm, a number of residents were still in bed. While they had been assisted with their breakfast, many remained in their nightwear in bed. Some residents who were unable to use a call bell, were observed to be uncomfortable in bed, and the inspector was required to ask staff to intervene to assist the residents.
- Some residents who were assessed as requiring assistance by two staff for their personal care needs, were assisted by one.
- The activity programme in the centre was dependant on the presence of staff that were designated to provide activities. There were none of these staff on duty in the centre on the day of the inspection and as a result, there were minimal activities facilitated for residents. This is discussed further under Regulation 9: Residents' rights.

The inspector identified that at 2.00pm on the day of inspection, the HCA staff would reduce to two, which would be unsafe for residents. An immediate action was issued to increase the staffing levels. The person in charge arranged for additional staff, including agency staff to come to the centre in the afternoon to support the safe care of residents.

The person in charge also provided assurances that additional nursing staff were being recruited, and the recruitment was ongoing for healthcare assistants. In the interim, until official appointments were made, the person in charge arranged for agency staff to supplement the rota, and following the inspection, the planned rota was submitted showing adequate staffing levels.

Judgment: Not compliant

Regulation 21: Records

An accurate record of worked rosters was not available, for example, agency staff were not reflected on the rosters provided for review.

An accurate record of restraint use was not made. An incorrect unique identifier was used for two restraints on the restraint register. Staff had difficulty identifying which resident this record pertained to.

As discussed further under Regulation 6: Healthcare, daily notes did not always include detail on the management and treatment of residents' wounds.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required to ensure that the management systems in place ensure that the service provided to residents was safe, appropriate consistent and effectively monitored. Repeat non-compliance with this regulation was seen as follows:

- the system of clinical assessment and care planning was not sufficiently person-centred in nature. Some important care plans were not developed, and some were not updated following a change in the residents' condition. This can lead to errors and omissions of care.
- oversight of important documentation such as recording of residents' weights and repositioning charts was required to ensure that these were consistently completed, to minimise risk to residents.

An increase in falls resulting in serious injuries was identified by the inspector. No systematic, detailed review of any falls or incidents occurring in the centre since the previous inspection in November 2023 had been conducted. No regular records were kept of the number of falls occurring in the centre, or of the type and severity of injury occurring. As no trending of the incidents had occurred, the management team had not identified factors leading to the increase in falls, therefore no quality improvement plan had been developed to address the increase.

Following the inspection, the registered provider was requested to submit a review of incidents and falls since the previous inspection, and a resulting quality improvement plan. This provided some assurances that the oversight in this area was improving.

The annual review of the quality of care delivered to residents in 2023 had been completed, however this was not completed in consultation with residents and their families.

Judgment: Not compliant

Regulation 3: Statement of purpose
The statement of purpose contained all of the required information as set out in Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The quarterly notification of the incidence of pressure ulcers sustained in the centre was not submitted for quarter four 2023. The same notification for quarter one 2024 was submitted with incorrect information.
Judgment: Not compliant
Regulation 4: Written policies and procedures
The policies and procedures required under Schedule 5 of the regulations were in place, up-to-date, and made available for review by staff.
Judgment: Compliant
Quality and safety
<p>Overall, the inspector found that the systems to support safe, high-quality care, including the systems to ensure oversight of individual care planning and risk assessment, had not been improved since the previous inspection. Additionally, the quality and safety of resident care on the day of inspection was compromised by insufficient opportunities for activation and social engagement, due to staff shortages. This directly led to a service that could not fully deliver individualised, person-centred care which was respectful of residents' rights.</p> <p>The inspector reviewed a sample of residents' records throughout the inspection which continued to identify areas of poor practice related to individualised care planning, despite commitments and previous assurances that these had been completed to a high level. The electronic documentation system was not fully operational, leading to inconsistencies, errors and omissions in the documentation</p>

of, for example, residents' medical details, wound assessments, care plans and weights. Some improvements were seen in relation to the recording of daily care by HCA's, for example, there was improved recording of restraint review and release, nutritional intake and personal care interventions. Further oversight of this documentation is required, to ensure that changes that occur daily, for example residents remaining in bed, are regularly checked and documented. The findings are discussed in more detail under Regulation 5: Individual assessment and care plan and Regulation 6: Healthcare.

Residents' medical needs were supported by access to General Practitioners (GP's) in the centre and remotely. There was evidence of good medical reviews and there were established pathways for referral to, and review by, health and social care professionals such as psychiatry of later life, speech and language therapy and occupational therapy. The centre's General Manager is also the in-house physiotherapist, and on admission, each resident's mobility status was assessed. Timely physiotherapy reviews were also conducted following a fall, or a change in residents' condition. Residents were supported to access appropriate national screening services and outpatient appointments. The system in place to clinically assess and review wounds had not improved since the previous inspection. There continued to be inconsistent documentation of wound care, both from an assessment and care planning perspective. This does not demonstrate evidence-based nursing practice and could lead to delays and complications in wound healing.

It was evident that there had been a focus on improving compliance with Regulation 7: Managing behaviour that is challenging since the previous inspection. The restraint register was maintained with the correct number of restraints in use in the centre, although incorrect resident details had been inputted, as discussed previously in the report. While the overall management of restraint use had improved, the risk assessment of potentially-restrictive devices such as lap belts required review to ensure compliance with the centre's own policy and national guidance. The bedrail risk assessments viewed by the inspector had been updated to include details on the trialling of less-restrictive alternatives and each resident with a bedrail in place had an associated care plan in place which detailed the residents specific requirements in this regard. Consent was obtained and documented for all bedrails.

There was appropriate 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) when they were displayed by a small number of residents. Care plans were in place which detailed the triggers to the behaviour and the methods that worked well to reduce the behaviour and minimise recurrence.

Residents' feedback was sought during monthly residents' meetings which contained an agenda of items for discussion. Areas that were discussed regularly included, the quality and quantity of food, activities, comfort and complaints. Residents were generally happy with the activities programme on offer, and liked the variety of activities such as music, art and Bingo which were scheduled to take place every week day. Nonetheless, on the day of inspection, residents were not fully afforded

the right to participate in activities. The protected hours for overseeing social care and activities were not in place. Staff, though dedicated and kind, struggled to meet these important needs.

Regulation 11: Visits

Visits were occurring in the centre, and the current visiting arrangements in place did not pose any unnecessary restrictions on residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of eight residents' assessments and care plans. This review provided evidence that these assessments and care plans were inconsistently completed and reviewed, and as a result, the individual needs of the residents were not appropriately documented. This can lead to errors and omissions in care. Examples of the inspector's findings include;

- the system for assessing residents post-fall required review. The falls risk assessment was completed in paper-based format after each fall, however this record was held separately with the incident form, and as a result, residents electronic assessments were not updated on the system, leading to confusion around the residents' actual assessment score. Subsequently, care plans were not updated with the most up-to-date information following the fall
- a resident with diabetes had no individualised care plan in place to determine the specific interventions, medicines and dietary requirements necessary to manage the residents' diabetes

- a resident with a risk of malnutrition, had no care plan in place to mitigate or control this risk
- a resident with a wound had no associated care plan to detail the interventions required to manage and heal the wound
- residents had no person-centred care plans completed in relation to their specific social and activity needs or preferences

These are repeat findings from the previous inspection.

Judgment: Not compliant

Regulation 6: Health care

The registered provider did not ensure that a high standard of evidence-based medical and nursing care was provided for all residents. This is evidenced by the following;

- there was poor oversight of residents weights, in particular those that were required to be weighed weekly. The weekly weights were not completed, and in one instance, the malnutrition risk assessment had not been completed for a number of months
- wound care was poorly-managed. In some records of wounds, there was no clinical documentation or rigorous assessment of wounds, to evidence any improvement or deterioration. Additionally, there was no associated wound care plans in place to guide staff in the management of the wound

Recommended treatment or professional advice from social or healthcare professionals was not always followed. This could potentially lead to poor outcomes for residents. For example;

- a nutritional recommendation from a dietitian was not followed, with no detail in the residents notes to support why the recommendation was not implemented. A follow up review was suggested and a referral for same had not been made within the suggested time frame, despite no improvement in the residents' nutritional status.

These are repeat findings from the previous inspection.

There was poor oversight of residents who remained in bed. For example, there was no evidence that residents who required assistance were repositioned regularly. Consistent repositioning charts were only maintained for one resident.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

While there were appropriate risk assessments for restrictive practices such as bedrails in place, this did not extend to the use of all lap belts in the centre. Action was required to ensure that all potentially restrictive equipment, such as lap belts, were subject to appropriate risk assessment.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Action was required to ensure that all residents were provided with opportunities to participate in activities in accordance with their interests and capacities;

- On the day of inspection, there was insufficient opportunities for residents to participate in activities in accordance with their interests and capacities. The planned activities programme was unable to be implemented due to a lack of staff. As a result, residents spent long periods of time in their rooms in the morning, or sat around the communal areas, relying heavily on TV for entertainment.
- Residents individual interests were not captured in individual social assessments and therefore, their specific hobbies and interests were not identified. This is important as this information is used to develop a person-centred plan of care, having regard for the ability of each resident

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rathkeevan Nursing Home OSV-0000271

Inspection ID: MON-0043362

Date of inspection: 08/05/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A full review and restructure of our management team is currently in progress. An Assistant Director of Nursing will be in post from the 22nd July 2024. An additional staff nurse will be in post by end June 2024. We have 10 staff nurses including the 2 CNMs posts. CNM 0.66 WTE supernumerary hours in place. Recruitment ongoing for HCAs and remain using agency at present to cover vacant posts.</p> <p>Day staffing levels for HCAs - 8 HCA 8-2 in the morning and 5 HCAs from 2-8 in the afternoon.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Accurate rosters now in place and governed by PIC.</p> <p>Restraint documentation has been transferred to epicare and all restraints are being documented and will be completed on epicare by 15th July 2024.</p> <p>Correct documentation for management and documentation of wound care is in place following further training for nurses regarding epicare. Nurses are being continually trained for epicare to ensure residents notes are documented correctly.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Clinical assessments are currently being updated in conjunction with care plans to reflect person centered care and this will be completed by 25.08.2024.</p> <p>Recording of weights and repositioning charts are being checked weekly by PIC.</p> <p>Quality improvement plan is now in place regarding falls and is being reviewed quarterly by the PIC. Physio is reviewing all residents post fall and new residents on admission to reduce the risk of falls and updating care plans accordingly.</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>New PIC in place and she will submit quarterly notifications to reflect correct information</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All falls risk assessments and care plans and post falls reviews are documented on epicare by the physio and or nurses.</p> <p>All diabetic and nutrition care plans have been reviewed and updated accordingly.</p> <p>Person centered care plans for Social and activity needs and preferences are currently being updated.</p> <p>All care plans are being updated to reflect person centered care for residents and will be completed by August 25th. This will be an ongoing process and care planning training will be available to all nursing staff and completed by end September 2024 once dates become available.</p>	

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Weekly and monthly weights are now being recorded on epicare and care plans are being updated to reflect changes to resident's care.</p> <p>Wound management documentation has been updated by CNM and nurses have all received training in correct documentation of same.</p> <p>Nutritional recommendations are being followed up and updated by CNMs following reviews by dietician and SALT.</p> <p>Repositioning charts for residents are now being used on epicare by all staff.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Appropriate risk assessments have now been completed following review for restrictive practices and are governed by CNMs and PIC.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: PIC is working with activities coordinators to provide meaningful activities for residents. A full review of resident's care plans is currently being completed to include individual social assessments for all residents and will be completed by end of August.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	21/06/2024
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	15/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	25/08/2024

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	25/08/2024
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	21/06/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	25/08/2024
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	Not Compliant	Orange	25/08/2024

	intends to be a resident immediately before or on the person's admission to a designated centre.			
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.	Not Compliant	Orange	25/08/2024
Regulation 6(1)	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.	Not Compliant	Orange	25/08/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated	Substantially Compliant	Yellow	21/06/2024

	centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	25/08/2024