



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

Issued by the Chief Inspector

Name of designated centre:	Saint Louis Nursing Home
Name of provider:	Yvonne Maher
Address of centre:	1-2 Clonmore, Ballymullen, Tralee, Kerry
Type of inspection:	Announced
Date of inspection:	13 March 2024
Centre ID:	OSV-0000289
Fieldwork ID:	MON-0042513

About the designated centre

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

St. Louis Nursing Home is a two-storey premises based in the town of Tralee and close to amenities such as shops, restaurants, and a library. While it is a two-storey building, all resident accommodation is on the ground floor. The centre provides 24-hour nursing and social care to 25 residents, both male and female, who are predominantly over the age of 65 years. The centre offers long and short-term care, respite and convalescence care. Bedroom accommodation comprises 15 single bedrooms and five twin bedrooms. Three of the single bedrooms are en suite with shower, toilet and wash hand basin. The aim of the nursing home, as set out in the statement of purpose, is to provide a high standard of professional care to residents in a safe and homely environment, while preserving and promoting independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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 13 March 2024	10:30hrs to 18:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

According to residents and relatives, St Louis' Nursing Home was a nice place to live where residents were facilitated to avail of comfortable accommodation and safe care. There was a warm and homely atmosphere in the centre. In the morning the inspector observed that some residents were having breakfast in the dining room, where a staff member was supporting those who required help. During the day, the inspector spoke with all residents and with five residents in more detail. Pre-inspection questionnaires had been sent to the centre by the Health Information and Quality Authority (HIQA) for relatives and residents. Five of these had been completed and these were reviewed as part of the inspection process. In addition, the inspector met four relatives who were very complimentary of the centre. The inspector spent time during the day observing residents' experiences and care practices, in order to gain insight into life in the nursing home. Residents informed the inspector that they felt very well cared for by a group of "kind" staff. All residents were observed to be content and appeared satisfied with their care.

This inspection was announced. Following an opening meeting, with the person in charge and the provider, the inspector was accompanied on a walk about the premises. Saint Louis Nursing Home provides care for both male and female adults, with a range of dependency levels and needs. The centre is situated in the town of Tralee, in County Kerry, and is registered to accommodate 25 residents. It is a two storey building, with residents accommodation located on the ground floor and staff facilities located on the first floor. There was a lively atmosphere apparent, with residents walking independently or being accompanied from their bedrooms to the dining and communal sitting room. Residents and staff were seen to be familiar with each other and happy in each others' company. Visitors were observed to come and go during the day, and they were warmly welcomed by staff.

On the day of inspection there were twenty five residents in the centre with no vacant beds. When walking around the centre the inspector observed that some areas of the premises had been upgraded such as the sitting room, the provision of a new patio door in the dining room, painting and new flooring in the first section of the hallway. Other areas required ongoing repair, particularly one bathroom, and the skylights. Rooms on the second floor also required attention, as the inspector observed that attic rooms in the upstairs of the centre were cluttered with boxes of paper, Christmas decorations, masks and other combustible items, which posed a risk in the event of a fire. The stairwell to the upper attic rooms was broken in this area, and boxes of paper files were stored under the stairwell. In addition, where light fittings had been removed the ceiling had not been made good, leaving a circular open hole in a number of areas. Premises issues, fire safety issues and infection control issues are detailed under Regulation 17: Premises, Regulation 28: Fire safety management and Regulation 27: Infection Control.

On the morning of inspection, a number of residents were sitting in the large comfortable sitting room, which was centrally located. The inspector observed that

this area was decorated in a personalised manner, with nice pictures, new flooring, new wallpaper, plants, suitable furniture and a large flat screen television. The furniture had been reconfigured and was now conducive to group chats and small group activities, where required. The activity coordinator was observed to be leading an activity session which was adapted to meet the needs of individual residents. Residents were being supported to complete decorative items to celebrate the upcoming St Patrick's Day. In the afternoon a musician visited and residents said that this was a weekly music and singing session, which they greatly enjoyed. The activity staff member discussed the weekly programme with the inspector and explained their future plans for expanding the activity selection.

On the day of inspection, residents were seen to be well dressed in their choice of clothes and they said they had access to the hairdresser regularly. Residents' bedroom accommodation was comprised of 15 single bedrooms and five twin rooms. Three bedrooms had en suite toilet, shower and wash hand basin, while the remaining residents shared communal showers and toilets. Bedrooms were decorated with personal items from home such as, pictures, plants, small furniture items, I.T. equipment and books. Residents said they were happy with their accommodation and felt they had adequate privacy, as the twin bedrooms were observed to be sufficiently spacious.

The inspector observed that the rights of residents were respected in how staff addressed and supported residents during the day. A number of family members, who were visiting, also praised the care, the management and the staff. The person in charge stated that new residents visited the centre in advance of admission, where possible, to enable assessment of the needs of each individual. One resident said that they felt they "had improved 500%" since admission and said they were very encouraged when told to make the place "a home" for themselves. Residents were supported to leave the centre for days out with family and friends. For example, the centre was situated beside the library and was accessible to all. Other residents told the inspector that they went home for weekends and attended day care services, and retirement groups, in the town. In general, residents confirmed that they were happy with the care provided to them and complimented the commitment of staff working in the centre.

Residents meetings were held at intervals and the minutes of these were reviewed. At each meeting a range of issues, such as food choices, events, visits and staffing were discussed. In a small sample of survey results reviewed, the inspector saw that residents felt their rights were respected in relation to their daily choices, and residents had been consulted about relevant issues. Residents had voted in the most recent referendum and a polling booth had been set up in the dining room to accommodate this. Nevertheless, comments such as "we would like more music", "the meals are sometimes cold at weekends", "staff talk in their own language" and "more outings", were recorded at the last residents' meetings on 29 February 2024, in questionnaires and in comments to the inspector. The provider had addressed a number of these issues and agreed to accommodate residents' requests, as well as providing more supervision at weekends, as there was little opportunity for organised activities at weekends. Residents said that staff and relatives provided welcome community news, however, they requested that "Radio Kerry" be played at

breakfast and in the mornings, to keep abreast of the local and national news. A number of residents said they enjoyed reading the daily papers, watching TV, meeting with visitors and other residents, as an alternative to the activity session on offer.

A snack trolley was brought around on two occasions throughout the day, and home baking featured on this. Choice was supported throughout the day; some residents said that tea would be served in the bedroom if that was their wish. The dining room had sufficient space for any resident who wished to dine in a communal setting. The room had been newly painted, and each table had room for two, or four, residents to sit together. The person in charge stated that new dining chairs were being considered as the ones currently in place did not have chair arms, to support residents getting up and sitting down independently. Notwithstanding the above comments about the temperature of the food on some occasions, a number of residents spoke positively with regards to the quality of the meals. Food was observed to be attractively and carefully presented. Menus had been made available on the tables for residents' use and there was a sufficient amount of staff on duty, to assist those who needed additional support. The inspector was informed that the dining experience was reviewed and supervised regularly, with the aim of enhancing the experience and where any complaints had been made about the food, these were being addressed. Residents, spoken with on the day of inspection, described the dinner served as "plentiful, hot and tasty" and said they wanted to thank the chef on duty.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

This inspection was announced. The provider had applied to renew registration of the centre and had submitted the required documentation prior to the inspection. During this inspection, the inspector followed up on areas of non compliance found on the previous inspections of 11 January and 21 June 2023. Overall, findings were that the provider had taken some positive action with regards to the premises, infection control, record management and in the improved provision of a social programme for residents. Notwithstanding those responsive actions, this inspection found that improved monitoring of fire safety, infection control, some aspects of record management and further work to the premises was required, which will be detailed under the relevant regulations.

Saint Louis Nursing Home is owned and operated by Yvonne Maher, a sole trader, who is the registered provider, and works full time in the centre. Residents' clinical and social care is directed by a suitably qualified person in charge, who leads the

team in a management and supervisory role. They are supported in their position by an assistant person in charge and a team of nursing staff, health care assistants (HCAs), household, activities and administrative staff. The management structure was clearly defined and identified lines of authority and accountability.

Staffing resources were found to be in line with those described in the statement of purpose and this was monitored, in line with residents' dependency levels and assessed needs. There was a registered nurse on duty at all times over the 24 hour day. Since the last inspection, staff allocated to activities had been recruited and appointed, which had a positive impact on the quality of life of residents.

Improvements were found in the provision of staff training, most of which was now presented in a person-to-person forum, as this was found to be more beneficial to staff and residents. Mandatory training was up to date for all staff, as evidenced by staff comments and the training matrix documentation, made available to the inspector.

The inspector reviewed a sample of four staff files. Similar to findings on a previous inspection the inspector found gaps in these files. For example, one person had no references on file, and the references for a second member of staff were not filed in the personnel file but were maintained on email. This meant they were not generally accessible for inspection purposes.

Management systems were in place to monitor the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits and monitoring of weekly quality of care indicators, such as the incidence of pressure sores, restrictive practices, complaints and falls. A review of completed audits, and minutes of staff meetings seen, indicated that the audit system was effective in identifying areas for improvement and were used in formulating improvement plans, with regards to clinical care. However, improved oversight and monitoring of the areas described in the opening paragraph, was required and these are detailed under the relevant regulations.

Registration Regulation 4: Application for registration or renewal of registration

The required documentation was submitted prior to the inspection.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The required regulatory fees had been paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was experienced in the centre. They had the required qualifications to fulfil the role.

They were found to be knowledgeable and aware of the regulations governing the role of person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was made available to the inspector. This indicated that all the required mandatory and appropriate training was up to date.

Annual staff appraisals were undertaken and this documentation was available for review.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was well maintained:

The regulatory required details were entered in the directory of residents, for example, the address of the resident, details of contacts, any transfers, as well as cause of death, where known.

Judgment: Compliant

Regulation 21: Records

As found on the previous inspection, records with regard to the daily care provided to residents, were not always maintained in a manner that was safe and secure.

For example; daily records and private information with regards to residents medical care were maintained in open boxes in an unlocked room upstairs, as well as in an unlocked file cabinet in that room.

Some papers were also stored in open boxes under the stairs in the attic and the inspector saw that there were details about residents in those documents.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre was appropriately insured. This document was reviewed by the inspector.

Judgment: Compliant

Regulation 23: Governance and management

The following management systems required strengthening and action, to ensure the service provided was safe, consistent and effectively monitored:

- fire safety management within the centre, as detailed under Regulation 28
- additional maintenance and upgrade to the premises, to ensure it met the individual and collective needs of the residents, as detailed under Regulation 17
- infection control issues as described under Regulation 27
- the management of records in accordance with regulations
- the management and controls in place for some risks which required reassessment, such as the risk of absconsion, the storage of oxygen and fire safety risks.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts viewed by the inspector were compliant.

The identification of room numbers for residents and the fees, which were regulatory requirements, were included in the document.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded and addressed.

An updated complaints policy and procedure was available in the centre. A sample of complaint records was provided to the inspector.

Judgment: Compliant

Quality and safety

This inspection found improvements in the quality and safety of the service, as evidenced by the provider's actions to improve the physical environment, infection prevention and control practices, and the provision of activities for residents. Residents gave positive feedback with regards to their environment and activities available to them. However, further action was required to ensure full compliance with regard to fire safety, infection control, record management and ongoing upgrading and attention to premises deficits.

Overall residents in St Louis' Nursing Home were found to be supported to have a good quality of life, which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement. The person in charge confirmed that a number of staff undertook training, in applying a human rights-based approach to care. Findings on this inspection, demonstrated good compliance with the regulations inspected. However, further improvements were required, as highlighted above.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to the general practitioners (GPs) who were described as attentive and supportive. Systems were in place for referral to specialist services, as described under Regulation 6: Health-care. Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission which underpinned the development of a relevant plan of care. A range of clinical assessments underpinned the care plans developed for medical conditions, such as, infection, nutritional needs or dementia.

The registered provider had invested in upgrading the premises, which had a positive impact on residents' quality of life. Painting of the centre was underway. The laundry was done in-house and residents' personal clothes were well managed. In general, the centre was observed to be clean and staff were seen to adhere to good infection control practices in relation to hand hygiene protocol and the use of

hand gel. Despite this, there were some aspects of infection control and premises upkeep, requiring action, as detailed under Regulation 27 and Regulation 17.

Certification in relation to the servicing of fire safety equipment was available. Advisory signage was displayed in the event of a fire and daily and weekly fire safety checks were recorded. Training records evidenced that drills were completed, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of higher risk, such as, at night time, when there were only two staff on duty from 8pm. However, there were a number of aspects of fire safety management which required action, as highlighted under Regulation 28.

A safeguarding policy provided guidance to staff, with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of this training and the related responsibilities.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, gluten free diet or modified diets.

The inspector found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings every three months and informally through the daily interactions with the management team, the activity coordinator and the volunteer.

Regulation 10: Communication difficulties

Care plans had been developed for those who had communication difficulties. These were detailed and contained strategies for staff to optimise communication with residents.

Residents who had communication difficulties were seen to be included in all activities, and were spoken with an empathic manner by staff, who were familiar with their life histories and their specific needs.

Residents with a non-national language had the services of staff who spoke their language, and a booklet of common phrases was being developed, to further enhance communication between staff and residents.

Judgment: Compliant

Regulation 17: Premises

The inspector found that further action was required to ensure that the premises complied with the requirements of Schedule 6 of the regulations. For example;

- a call bell next to the toilet in one communal bathroom was tied up, out of reach. This created a risk for the resident if they wished to ring for assistance when using the toilet
- skylights down one corridor in the centre were damaged in a recent storm and, where the glass was missing, the gap had been mended with plastic, wood and tarpaulin. The seals around a number of skylights were damaged. It was apparent, from the water stains on the wood surrounds on the sky lights, that water was seeping in because of the defects (the provider stated that replacement skylights had been purchased and were awaiting installation)
- a door handle in one bedroom was found to be broken and one door could not be closed properly because the wood had expanded
- a window in a communal bathroom was observed to be broken and could not be opened (this was a repeat finding)
- flooring on the second section of the hallway was awaiting replacement
- TVs were not secured on the lockers, on the chest of drawers and on a shelf, where they were placed, This created a risk of injury should the TV fall.

Judgment: Not compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27: Infection control. Action was required to ensure that procedures, consistent with the national standards for infection prevention and control in community services, as published by HIQA, were implemented:

- Specifically designed clinical hand wash sinks for staff, had yet to be installed.
- There was a leak and stained flooring in one shower room which lent a musty smell to the room. This meant that staff did not use this additional shower room for residents' use
- High dusting was required in the skylight areas, which were seen to be dusty.

Judgment: Substantially compliant

Regulation 28: Fire precautions

findings on this inspection were that the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire.

A number of areas of fire safety management required to be addressed, such as:

- A number of gaps, such as, where spot lights had been removed from the ceiling, had not been sealed up for fire stopping purposes (that is to prevent the escape of smoke or flames into the ceiling void).
- In a number of bedrooms, extension leads with plugs inserted, were seen to be hanging loosely behind the TVs. These required securing to prevent damage to the electrical fittings.
- Signage was not in place for the storage of oxygen in the staff office (oxygen is a combustible gas and may accelerate a fire).
- There were no self-closure mechanisms on bedroom doors. On night duty, with two staff on duty, closing all the doors in the event of a fire would be very time consuming due to the diverse layout of the centre. A risk assessment was required to be carried out to evaluate and manage this risk.
- A new battery was required for one fire exit door alarm.
- In an upstairs office one fire extinguisher had not been serviced.
- Where fire evacuation drills were undertaken additional information was not sufficiently detailed in the drill report, in relation to the names of the two staff members who were involved in the drill, carried out with minimum staffing levels, and the dependency levels of residents who were evacuated at each drill.
- in the upstairs attics and stairwell areas inadequate storage of paper and other of combustible items increased the risk of accelerating any fire in the centre,

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were maintained in the manner required by the regulations:

A comprehensive assessment was seen to be undertaken to assess the health and psychosocial needs of residents, prior to admission. Care plans were written in a person-centred way and were maintained on a paper based system. They were detailed and accessible.

Reviews were carried out at intervals not exceeding four months, or when required. Evidence seen indicated that residents and relatives, where necessary, were consulted, when developing or changing the plans of care.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed in the centre:

The GP visited on a regular basis and relevant notes were recorded of medical needs being assessed.

A review of residents' medical records, in a sample of care plans, indicated that recommendations from residents' doctors and health care professionals were integrated into residents' care plans. Advice from the dietitian, the physiotherapist, the psychiatric team and the speech and language therapist (SALT) was documented.

A range of clinical assessment tools were used to underpin and inform the development of person-centred care plans for each individual.

One such tool, the malnutrition universal screening tool (MUST), was used to assess and identify any resident at risk of malnutrition. Appropriate action was taken, such as the use of dietary supplements or referral to the dietitian.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy.

Staff were found to be knowledgeable of key aspects of the training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted.

A number of staff members were local and experienced and had a good understanding of residents' previous lives and interests. They were praised by staff for being person-centred and available to chat with them, which they greatly appreciated.

Visitors and residents confirmed that they were treated well by the management team.

Residents had access to social activity, gardening, religious services, external musicians and celebrations with family such as birthday parties and parties at Christmas, Valentine's day, Mother's day and major holidays.

A review of minutes of residents' meetings indicated that suggestions made were used to improve practice and to support residents' wishes. There was consensus from residents and relatives that " everyone is welcome" in St Louis'.

Activities, in general, were meaningful and the range was being expanded.

Residents praised the accommodation, which they said was "homely", they felt facilitated to raise concerns, and they told the inspector that their opinions were taken into account.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	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	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Saint Louis Nursing Home OSV-0000289

Inspection ID: MON-0042513

Date of inspection: 13/03/2024

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: We will ensure all storage of records are secure. All paper-work ready for filing will be kept locked in a metal cabinet until filed. Metal cabinet will be locked in Nurses store- room until filing is done. The filing room upstairs will be locked with a key and PIC will have this key. Nursing staff will be responsible for filing of sensitive documentation removed from resident’s files. Metal cabinets will reduce the risk of stored paper- work catching fire and also ensure that information about our residents is safeguarded and remains private at all times. Filing cabinets will be locked and secured at all times. This will be the responsibility of the nursing staff.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Management will ensure the following work is done in an acceptable time frame to comply with HIQA requirements and to ensure the safety of all Residents who live in the Nursing Home.</p> <p>We will ensure the quality and safety of care delivered to residents is monitored on an ongoing basis with regular quality meetings, raising corrective actions to drive improvement and consultation with residents.</p> <p>We will ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority are implemented.</p>	

We will ensure Staff receive suitable training in fire prevention and emergency procedures, including evacuation procedures.

Fire training is scheduled for all staff.

The holes in the ceiling where spot lights were removed have already been filled to reduce the risk of smoke travelling to the next level of the building.

All oxygen cylinders have now been removed from the building and stored in a designated unit outside in the garden. No resident is on oxygen therapy at present so the risk of oxygen igniting is now eliminated.

Risk assessments have been completed for the two residents who are at risk of leaving the building without supervision.

Electrical leads in the bedroom will be organized and extra sockets will be installed to reduce the need for extension leads. This will be rolled out on a monthly basis due to cost and the Care provider intends upgrading bedrooms each month. All bedrooms should be completed in 6 months. The rooms in greatest need will be attended to immediately i.e rooms 1,3,5,7. This work will be completed by 26th April 2024. When completed this will reduce the risk of fire and reduce trip hazards. All other rooms will be completed within 6 months.

The bedroom doors do not have a self-closure mechanism and this has been risk assessed taking into consideration the amount of time it would take two staff (night-time staffing to close and open bedroom doors in the event of a fire in the home.

A new battery has already been received for the fire door near room 7 and this has now been installed.

All fire extinguishers have been serviced and service is up to date.

The fire evacuation drill records have been updated to include the extra Information required e.g. all names involved in the drill and the dependency of the residents who were evacuated.

We have arranged for a shredding company to collect all paper that was in the attic and they have collected same on Wednesday 10th April 2024. All other items stored in the attic that are of a combustible nature will be removed and destroyed by end of May 2024. This will reduce the risk of accelerating any fire that might occur in the building.

We have contacted an independent assessor who will come to inspect the property on 17th May 2024 and carry out an audit on Health and Safety in the home. As soon as inspection report is received we will forward it to you.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We will ensure all areas in the Home meet the privacy, dignity and wellbeing of each resident.</p> <p>A system is being put in place to allow each resident to wear a personal wrist band or pendant which will enable them to call for assistance and to alert staff to their needs. This system will be operational by 17th April 2024.</p> <p>All unnecessary cords which are now decommissioned will be removed from walls and ceilings. 2 Skylights on the left corridor of the home have already been upgraded and brought up to an acceptable standard. The storm damage as well as seals and glass have been repaired. Two skylights are awaiting replacement and this work will be completed by 26th April 2024. All doors have been checked for ease of closure and opening and door handles are secured and intact. The window in the communal bathroom has already been repaired and is functioning properly allowing for adequate ventilation in the bathroom. The new flooring in the Nursing Home shall be completed by the 12th April 2024. All televisions will be secured on the walls of the bedrooms and this will be completed along with the installing of new plugs and tidying up of the wires by the electrician. As advised above room 1,3,5,7 will be completed by 26th April 2024 and all other work will be completed in 6 a month period. The television in room 21 has been secured to its stand so the risk of falling and causing an injury has been eliminated. All televisions have been checked to ensure they are are secure.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: We will ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority are continued.</p> <p>Hand washing in the Home is frequent and consistent and observed. This will continue and regular audits of staff hand washing techniques completed.</p> <p>Designated Staff sinks are available in the home. Hands free operational taps have been ordered and are awaiting installation. This work will be completed by 19th April 2024.</p> <p>The leak in the shower room opposite room 9 will be repaired by the plumber and the</p>	

shower room will be upgraded by removing the vinyl floor covering and replacing it with new tiles which will allow easy cleaning adhering to infection control protocols. This work will be completed by 13th June 2024.

The window will be kept open to allow fresh air to circulate and keep the room fresh and aired.

The high sky lights in the Residents toilet by the day room, the Visitors toilet and the Nurses store- room will be removed as it would not be possible to maintain a cleaning regime due to difficulty of access. This work will be completed by 16th May 2024

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The gaps in the ceiling where spot lights were removed have already been sealed. Holes in the plaster work have been filled. This reduces the risk of smoke or flames reaching the next level of the building should a fire occur in the home. Extensions leads with plugs will be addressed in each room and the rooms presenting the greatest hazard attended to first as outlined above. This work will be done in conjunction with the hanging of all televisions on the walls of the bedrooms to provide more space for the residents and to reduce the risk of fire and trips. All oxygen cylinders have been removed from the building and stored in an outdoor store. There is no Resident on oxygen therapy in the home at present so the risk of oxygen cylinders combusting in the event of a fire in the home has been eliminated. All stored paper has been collected on 10th April for destruction and remaining paperwork has been placed in steel cabinets to reduce combustion in the event of a fire in the home. An independent Health and Safety Assessor will have his report on the home's compliance completed by 17th May 2024 and we will forward copy to you when it is to hand. This should reflect the recent upgrades and improvements made to comply with all fire and safety regulations. All fire extinguishers are serviced regularly and are all up to date.

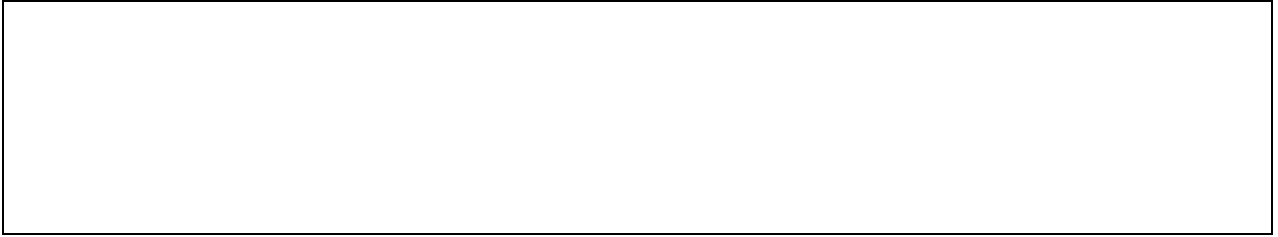
As explained under Regulation 23 a risk assessment has been carried out to evaluate and manage this risk on closing bedroom doors in the event of a fire as they have no self colosure mechanism.

A new battery has been fitted in fire door near room 7.

All fire extinguishers have been serviced and service records are up to date.

The additional information required has been added to the fire drill report.

All combustible items removed from upstairs attics and stairwell areas.
Indepentent Staff fire training scheduled for 14th May 2024 as well as the in-house training which continues forthnigtly.



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.	Not Compliant	Orange	24/05/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	11/04/2024
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	11/04/2024
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	26/04/2024

	procedures, consistent with the standards for the prevention and control of healthcare 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.	Not Compliant	Orange	17/05/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	17/05/2024
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	11/04/2024
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	Not Compliant	Orange	17/05/2024

	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.			
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