



**Health  
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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:	Ave Maria Nursing Home
Name of provider:	Cummer Care Limited
Address of centre:	Tooreen, Ballyhaunis, Mayo
Type of inspection:	Unannounced
Date of inspection:	18 June 2024
Centre ID:	OSV-0000315
Fieldwork ID:	MON-0042754

## About the designated centre

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

Ave Maria Nursing Home is a purpose built single storey building, registered to provide care for 41 residents. The designated centre is family run and is located in a small country village. The centre is surrounded by mature gardens some of which are laid out with seating areas and vegetable gardens. The provider's dogs visit the centre every day and are enjoyed by the residents. All resident bedrooms are well laid out and have an en-suite bathroom facility.

The centre provides care to residents over 65 years with chronic illness, residents living with dementia and those requiring end of life care. The philosophy of care at Ave Maria Nursing Home is to create a home away from home environment, to deliver person centred care to each individual resident, in a comfortable, safe environment.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	33
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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
Tuesday 18 June 2024	09:30hrs to 18:00hrs	Celine Neary	Lead
Tuesday 18 June 2024	09:30hrs to 18:00hrs	Ann Wallace	Support

## What residents told us and what inspectors observed

From what residents told inspectors and from what was observed during the day, the designated centre was a friendly and homely pleasant place to live. Residents' preferences were elicited by staff and their rights were respected in how they spent their days. Throughout the day, the inspectors observed the care and services provided for residents in the designated centre. Inspectors observed that staff interactions with residents were kind, patient and care was provided in a respectful and person centred way. Inspectors observed the provider and director of the company interacting with and assisting residents throughout the day.

On arrival to the centre the inspectors were greeted by the clinical nurse manager in charge. Following an introductory meeting with the providers the inspector did a walk around of the premises. The inspectors observed that the atmosphere in the centre was busy but well managed. Call bells were responded to in a timely manner and staff were working hard to provide care to all residents living in the centre. Communal areas were appropriately supervised and the clinical nurse manager was working on the unit alongside the health care staff to assist and oversee the care provided.

Ave Maria Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is a single storey building situated in a rural area in the village of Tooreen, Co Mayo. The designated centre is registered to provide care for 41 residents. On the day of this inspection there were 33 residents living in the centre. Residents' accommodation is provided in single bedrooms with en-suite facilities.

The inspectors spoke with residents, who stated that they felt safe and well cared for living in the centre. They said that that staff were 'great', and 'so kind'. The inspectors observed the staff speaking with residents in a gentle and respectful manner, during encounters along corridors, at mealtimes and during activities. The rapport and interaction between the staff and residents demonstrated a familiarity with each other, and interactions appeared normal and effortless. Relatives spoken with on the day were also complimentary of the services provided and were happy that their family members could continue to live in their local community.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Alcohol hand gel dispensers were available for use on the corridors and staff were seen to use good hand hygiene techniques.

Bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. Residents' bedrooms had sufficient personal storage space available for residents to store their belongings.

There were communal areas available which included a bright conservatory type seating area at reception which many residents were sitting in and enjoying on the

day of the inspection. Resident's art work was displayed throughout the centre, along with various local fund raising events that had taken place and other celebrations that residents had enjoyed throughout the years. There were items of traditional memorabilia displayed in some communal rooms in the centre. Residents spoken with chose to sit at reception and they reported they enjoyed watching people pass by. The inspector observed residents interacting with and enjoying their dog Belle during the day and watching their cat outside from their windows.

There was an activity coordinator available to residents and the inspectors observed residents taking part in an exercise class, games and music during the day. An art therapist also visited the centre once a week and residents told the inspector that they looked forward to this. However, there was no activities schedule on display in the centre to inform residents what activities were scheduled for the day and allow them to choose what to attend. Records of attendance to assure the inspector that all residents were facilitated to participate in meaningful activities in line with their interests and capacity were not available.

Inspectors observed mealtimes during the day and found that there was sufficient staff available to help and assist residents. Residents were offered a choice of two main meals at lunchtime and their were menu's displayed on some tables. The food looked nutritious and residents were served appropriate portions at mealtimes with a choice of drinks.

Residents said that they saw the provider and the person in charge most days. Residents who spoke with the inspectors said they would be able to report or concerns that they might have to a member of staff or to one of the management team. Staff had recently completed training in the safeguarding of vulnerable adults and demonstrated an awareness of their role in reporting suspected abuse.

Overall, there was a warm and happy atmosphere in the centre. Some residents spoken with had lived in the centre for many years, while others had been recently admitted. All expressed satisfaction and content living in the designated centre.

The next two sections of this 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

Overall this was a well managed service with established governance and management systems in place to monitor the quality and safety of the care and services provided for the residents. The provider had progressed the compliance plan following the previous inspection in December 2023 and significant improvements were found, however, this inspection found that some further work was needed to bring these regulations into full compliance.

There was a clear management structure in place that identified the lines of authority and responsibility. Providers and managers were known to residents and their visitors. Residents told the inspectors that they could talk to senior staff if they had any concerns. The person in charge was supported by the providers and a director of the company.

This was an unannounced inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspectors also followed up on notifications submitted to the Chief Inspector and findings from the last inspection.

The provider is Cummer Care Limited and has been in operation since 2003. The company has three directors and they were present in the centre on the day of inspection. The provider has appointed a person in charge who commenced in their role in January 2023. The person in charge was found to have responsibility for the day to day service and was supported by the provider. The person in charge is supported in the centre by a clinical nurse manager who deputises in their absence. The remainder of the staff team consists of staff nurses, health care assistants, household, catering, maintenance and administration staff.

There were systems in place to monitor the quality and safety of the service and audits had been completed for 2023 and part of 2024. However, issues identified in these audits were not followed up on or formally reviewed and the inspectors could not be assured that there was any improvements made from completing these audits. There was evidence of regular management meetings which included a comprehensive agenda and provided for oversight of key areas within the designated centre such as clinical care, incidents and staffing.

The staffing rosters reflected the staff on duty in the centre on the day. However, the inspector identified from a review of rosters over a four week period that due to unplanned leave of nursing staff the clinical nurse manager did not have sufficient supernumerary hours available to them to perform the managerial responsibilities of their role or to support the person in charge in their role.

Staff were observed working hard to provide care and residents were familiar and comfortable in the company of staff. Inspectors found that during the morning the call bells were answered promptly and that residents did not wait to have their needs attended to. On the day of inspection, the night nursing staff had completed the morning medication round to assist the day staff as their was unplanned absenteeism within the nursing team that day. Although medications were administered early in the morning time, it prevented any possible delays that could have occurred that day.

A review of the training records identified significant improvements were made since the last inspection however greater oversight of some training such as fire safety and infection prevention and control was still required.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained and made available to the inspector to review.

Notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements.

Although residents did have contracts for the provision of services they did not include all the details as set out in the regulations and had not been updated to include the current fee's being charged.

The annual review for 2023 had not been completed and this was a repeated finding from previous inspections carried out. This meant that there was no annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care was in accordance with the relevant standards and it was a lost opportunity to plan improvements within the centre in consultation with residents and their families.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff available to meet the assessed needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

A review of staff training documentation confirmed that most staff working in the designated centre were up-to-date with their mandatory training. However, five staff required fire training and 16 staff required infection prevention and control training, which included hand hygiene.

Judgment: Substantially compliant



## Regulation 23: Governance and management

Audits completed did not demonstrate that issues identified during the auditing process were reviewed or improved upon. For example,

- an audit on care plans identified that significant improvements were required in the details recorded in care plans but there was no plan in place or follow up to see if improvements had been made.
- an audit identified that clinical staff would benefit from additional wound care training and there was no evidence to suggest that this had been implemented.
- an audit on staff files identified that a number of training certificates for staff employed in the centre were required and there was no evidence recorded that this had been completed or achieved.

Although there were management systems in place the registered provider had not ensured that an annual review of the quality and safety of care delivered to residents in the designated centre was carried out in 2023. This is a repeated finding from previous inspections in 2023 and 2022.

The inspectors found that greater oversight of fire training and infection prevention and control training was required.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

Some of the contracts for residents who had lived in the centre for a number of years had not been updated and did not include the current fees charged to residents for services.

A sample of contracts reviewed did not identify the contract was with Cummer Care Limited who is the registered provider.

Some contracts did not clearly set out the bedroom number and occupancy of the bedroom in the body of the document. For example on one contract the room number was identified in handwriting only at the top of the one page in the document.

Judgment: Not compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that all necessary notifications had been notified to the Chief Inspector notice in writing within three working days of occurrence.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

There was a suite of policies in place in the designated centre. The policies set out in Schedule 5 of the regulations were made available to staff but the inspectors could not be assured from a review of the records that staff had read or were familiar with these policies. For example, policies on falls, management of controlled drugs and wound care were not signed as read and understood by all staff in the designated centre. Most policies reviewed by the inspectors had been reviewed within the last two years and reflected current best practice guidelines.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

The person in charge worked full time in the designated centre and had responsibility for the day-to-day running of the service. The person in charge was an experienced registered nurse who met the requirements of the regulations.

Judgment: Compliant

### Quality and safety

Overall, residents were supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected and their rights upheld. There were opportunities available for social engagement and staff were observed to be respectful and kind towards the residents. However, inspectors found that some improvements were needed to ensure that residents' health care needs were managed effectively to ensure that best possible outcomes for the residents.

Residents told the inspectors that they felt safe in the designated centre and that they could inform staff if they had a concern or complaint. Residents said that they enjoyed receiving visitors in the centre and that their visitors were made welcome.

The centre is a one storey purpose built facility providing accommodation for residents in 41 single rooms all of which have en-suite facilities. There are additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. The overall environment was clean, homely and well decorated and there was a comfortable atmosphere in the centre. Inspectors observed that many residents had brought in personal items and photographs from home to decorate their bedrooms.

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Inspectors observed that adequate portion sizes were served to residents and residents were seen enjoying and finishing their meals. Menu's were available on most tables for residents to view and staff also consulted with residents when serving meals or drinks. There was adequate numbers of staff available to assist residents with their meals. Assistance was offered in a discreet and sensitive manner.

Medication practices and systems in place were safe and ensured that residents received their correct medications. Staff were knowledgeable on medication management within the designated centre and the inspector observed good practice during the administration of medications to residents during the day of the inspection.

Although a sample of care plans reviewed by the inspectors found that residents had an assessment of their needs completed these needs were not always reflected in their care plans.

Residents had access to health care services such as a general practitioner, physiotherapy and chiropody. However, the inspector could not be assured that all residents had access to other specialist health care services such as occupational therapy, dental care, opticians or the national screening programmes available.

The inspector observed staff and resident interactions and found that where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) that these situations were well managed by the staff team present.

The provider had systems in place to ensure that residents were protected from the risk of abuse. However, the provider acted as a pension agent for two residents but did not have safe and secure systems in place to ensure residents finances were safeguarded. Furthermore, some improvement was still required by staff in recognising, identifying and reporting signs of a safeguarding concerns.

There was an activities programme in place however the current programme did not ensure that all residents had equal opportunities to participate in meaningful social activities and engagement in line with their preferences and abilities. This will be discussed further under Regulation 9: Resident's rights.

## Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there. However, there was a lack of suitable storage for equipment in the centre. The inspectors observed that one store room was overly cluttered with equipment, furniture, a weighing scales and comfort chairs. This storage arrangement did not allow for appropriate segregation of clean and dirty equipment or allow for appropriate cleaning of the room.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The inspectors observed residents having lunch in the dining room and communal room and found that there they were supported with eating and drinking if required. There was adequate quantities available which had been cooked and prepared for residents and the Chef was aware of any special dietary requirements. Meals appeared wholesome and nutritious and residents were observed enjoying their food during the day.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There was robust systems in place to support the prescribing, dispensing and administration of medicines safely in the centre. The inspectors observed safe practice by nursing staff administering medication during the day. They explained their process and could clearly indicate and demonstrate how they cross checked medication charts with the medication sachet dispensed for each individual resident. Medication was stored safely and the medication trolley was attended or locked at all times. The controlled drugs were checked at the beginning and end of each shift and signed for by two nurses. The centre had access to the support of a local pharmacy and medicines were received and recorded appropriately.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Although assessments of need were being carried out these were not always reflected in the resident's care plan. For example;

- One resident which was assessed as being high risk of skin breakdown did not have a skin integrity care plan in place.
- A resident with Insulin Dependent Diabetes did not have a care plan in place for the management of their condition.
- Some mobility care plans did not provide sufficient detail to guide staff on how to provide care for resident's in order to promote the resident's independence and mobility.
- One resident did not have a care plan in place for their communication needs although their assessment showed they had visual problems.
- A number of residents assessed as having continence needs did not have a care plan in place.
- One resident who displayed responsive behaviours did not have a care plan in place to guide staff in relation to triggers for behaviours or how to respond to support the resident.

A number of these findings had been identified on the provider's own care plan audits but had not been addressed at the time of the inspection.

Judgment: Not compliant

## Regulation 6: Health care

A review of the nursing and health care records for a sample of residents did not provide assurances that residents were able to access specialist health services in a timely manner. For example

- One resident with mobility and comfort needs had not been referred for specialist seating assessment. Staff informed the inspectors that this was because the resident's family did not want the referral to be made. This decision did not uphold the rights of the resident to access the health care they needed and did not support their comfort and promote their independence.
- There was no clear record to provide assurances that residents could access dental and optician services in a timely manner to address needs and promote independence and comfort. The provider was in the process of sourcing these services for the residents.
- There was no assurance provided that residents were able to access national screening programmes if they were eligible and wished to do so. For example, residents with a diagnosis of diabetes were not accessing the diabetic screening services.
- One resident who had been seen by the physiotherapist recently did not have a care plan in place to inform staff how to follow the physiotherapist's

recommendations. As a result the inspectors were not assured that this care was being implemented.

Judgment: Not compliant

### Regulation 7: Managing behaviour that is challenging

Staff had received training in how to support residents who may display responsive behaviours and demonstrated knowledge and skills in supporting these residents.

There was a low level of responsive behaviours on the day of the inspection. Where residents became agitated staff were prompt to respond in a positive and person centred manner.

Restrictive practices were monitored by nursing staff which helped to ensure that where restrictive equipment such as bed rails and lap belts were being used, they were used for the least amount of time and in the least restrictive manner.

Judgment: Compliant

### Regulation 8: Protection

Notwithstanding the improvements that had been made in the oversight and management of safeguarding practices in the centre further improvements were required;

- The provider did not have robust systems in place to protect resident's finances. This inspection found that the provider was a pension agent for a number of residents. The arrangements that the provider had in place meant that the pensions were being paid into the provider's business account which was not in line with department of Social Protection guidance and did not adequately safeguard the residents' monies.
- An incident of unexplained bruising had not been followed up as a potential safeguarding concern. This was not in line with the provider's own safeguarding policies and had not been identified by nursing staff as a risk. This was a repeat finding from the previous inspection.

Judgment: Not compliant

### Regulation 9: Residents' rights

The registered provider had provided facilities for occupation and recreation for residents, however the inspector could not be assured that all residents had the same opportunities to participate in accordance with their interests and capacities. For example, there was no reference to residents who chose to spend their days in their bedrooms or in the conservatory being offered or participating in the activities available.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 14: Persons in charge	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Ave Maria Nursing Home OSV-0000315

Inspection ID: MON-0042754

Date of inspection: 18/06/2024

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>5 staff that were awaiting fire training received it on the 19/06/2024 as per arranged schedule. Another fire training will be provided as per the schedule. All staff that did not have their infection prevention and control training up to date, obtained their certificates through HSEland and the training matrix was updated accordingly. As the Director of nursing is an IPC Link practitioner, she is providing hand hygiene training to the staff in a small group to ensure compliance with this Regulation and to assess staff adherence to the hand hygiene procedures. Completion of this training for all staff is set for the end of September 2024. Care planning training is scheduled September 2024, pending date. Additional trainings that will be provided on site are safeguarding on the 10/10/2024 and end of life care in a small group throughout August 2024. Ave Maria nursing home is also involved in the CARU program and selected staff will attend 4 workshops and provide support to the other team members around providing end of life care. Management team is constantly seeking feedback from the staff about the trainings of their interest and assessing which one would be the most beneficial for the staff at certain time depending on the daily observations.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Although the Management team had discussed the findings during the Management meetings and have made the action plans which lead to issues being resolved or improved, we agree that it could be documented better. New management reporting system to be implemented from September 15st 2024 for DON &amp; CNM to report monthly to Directors. This will capture completed audits and ensure follow through on action</p>	

plans. It will also ensure training records are up to date.

Care plans support was provided on a one-to-one basis to all nurses by the CNM in May. Care plans were discussed in details on the nurses meeting on 09/08/2024 and a care planning training will be provided online in September, pending date.

Quality report was done but was pending approval from the Directors. Once the approval was given, report was placed in the reception area and made available for reading and inspection.

Regulation 24: Contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All contracts were updated accordingly to ensure compliance with this Regulation by the 30th of June 2024.

New Contracts were issued to all residents residing in the nursing home and their representatives on the 1st July 2024. Once they were signed, they were placed in their file.

New updated contracts are available for all new admissions.

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

All our policies were recently reviewed by our director of nursing and were placed in the folder with the new signing sheets to ensure easier tracking of staff signatures and auditing. Management team set out the deadline of 15/09/2024 for the policies to be read and signed by all staff.

Information on policies and procedures is provided by CNM/ DON during the induction period for all new staff and the CNM/DON are seeking feedback afterwards to confirm that the staff is aware of their responsibilities and are following them in accordance with the best practice.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The lack of suitable storage for equipment was discussed earlier on the Management meeting and it was added to this year's plan. Review of the building and creation off extra storage is under way. Meeting is arranged with the engineer for September 30th 2024 to see how additional space can be created. In the meantime, staff is instructed to segregate clean and dirty equipment and follow all IPC measures accordingly.</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>New documentation recording system implemented in March 2024.  Care planning discussed with the nursing staff at nurses meeting on 16th /17th April 2024 and one to one support provided by CNM in May 2024.  Care plans audited by CNM in May 2024 and by DON in July 2024 and DON is reviewing care plans 48 hours post admission. Findings discussed with all nurses on the nurses meeting on 09/08/2024.  DON provided written information and wrote up all care plans for one resident so that the nurses can use it as an example.  Care planning training booked for nursing staff in September, pending date.  2 weekly audits to take place for 12 weeks to ensure improvements are being made will be implemented post training.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Resident who requires OT assessment was reviewed last by our Physiotherapist on 09/08/2024 and discussion was held with the family. Referral for an OT assessment discussed with the GP. Awaiting reply from the OT team.</p> <p>All our residents have access to the GP of their choice. Since the last inspection, Provider was taking every possible action to source possible on-site dental assessment for the residents. Unfortunately, all dentists from the area that were contacted were not able to provide their services under the medical card entitlement, only privately. Families are arranging dental appointments privately when required. Optician assessment was scheduled for 14/08/2024 but had to be postponed to 09/09/2024 due to the Optician's illness. Hearing assessment is scheduled for 22/08/2024. Ave Maria nursing home has</p>	

direct access to Dietitian, SALT and TVN through referral.

National screening programs are being discussed with the residents and their families at the moment and residents who wish to participate will be referred as appropriate. Residents wishes around accessing such services are being recorded in their care plans.

Nurses were advised to include Physiotherapist notes into the care plans and make changes accordingly. Physiotherapist recommendations are included in the handovers. A copy of physiotherapist notes is available for the Healthcare assistants in their folder whenever the change occurs to ensue all staff is following the latest recommendations.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

Provider is currently acting as a pension agent for two residents and has now setup a separate pension bank account for all pensions received as pension agent.

Safeguarding, skins tear and bruising discussed at the nurses meeting on 09/08/2024. Nurses to ensure notes are accurate and details when writing on skin tears or bruising and to report to the Management immediately for further investigation.

Management's supervision of manual handling techniques is continuously provided. Last skin integrity audit was completed on 02/08/2024.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Meeting held with the activity coordinator on the 09/07/2024 and duties and responsibilities widened to include daily notes referring to the activities provided on the day. Activity coordinator started adding her daily notes on the epicCare system on 10/07/2024. She was instructed to engage and communicate the daily schedule to the other staff to ensure all residents are informed of the planned activities in the morning and can decide if they wish to participate. She was instructed to utilize notice boards placed on the two different corridors and add posters about the upcoming activities and monthly schedule. Daily notes relating to the activities when the activity coordinator is not working discussed with the nurses on the nurses meeting and they were instructed to make reference to the activities in their notes. Nurses were also instructed to include resident's preferences related to the activities in their care plans. All staff is familiar with the residents who prefer to spend their time in their rooms and are instructed to engage in meaningful conversations and inform them of the activities on a daily basis.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Orange	31/08/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the	Not Compliant	Orange	15/07/2024

	Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
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	15/07/2024
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	15/07/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Yellow	15/09/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall	Not Compliant	Yellow	15/09/2024

	relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.			
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	15/09/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/09/2024
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	30/09/2024
Regulation 6(1)	The registered provider shall,	Not Compliant	Orange	15/09/2024



	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.			
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.	Not Compliant	Orange	30/06/2024
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Not Compliant	Orange	15/09/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	10/09/2024

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	01/08/2024
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