



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

Issued by the Chief Inspector

Name of designated centre:	Hillcrest House Nursing Home
Name of provider:	Hillcrest Nursing Home Limited
Address of centre:	Long Lane, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	06 March 2024
Centre ID:	OSV-0000346
Fieldwork ID:	MON-0041751

About the designated centre

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

Hillcrest House Nursing Home is a designated centre registered to provide 24 hour health and social care to 58 male and female residents. It provides long term, respite and end of life care including care to people with dementia. The philosophy of care as described in the statement of purpose ensures that residents can enhance their quality of life in a safe comfortable environment, with support and stimulation to help them maximise their potential physical, intellectual, social and emotional capacity. The centre is located in a residential area of Letterkenny, a short drive from the shops and Letterkenny University Hospital. Accommodation for residents is provided in single and double rooms. There are a range of communal areas where residents can spend the day and there is an outdoor courtyard garden that is easily accessible and safe for residents to use independently.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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 6 March 2024	09:30hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead
Wednesday 6 March 2024	09:30hrs to 18:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day and inspectors met with residents, visitors and staff. Residents told the inspectors that they were very happy and content living in the centre and that they were very well cared for by kind and caring staff. Residents said that they felt safe and secure and were supported to enjoy a good quality of life. The inspectors found that there was a happy and relaxed atmosphere in both of the buildings in the designated centre with many of the residents observed chatting and enjoying each others company.

Staff interactions with residents were kind, caring and respectful and staff and residents were observed to be comfortable in each others' company. It was also evident that staff were aware of each resident's needs and the inspectors observed many positive interactions between staff and residents throughout the day. Notwithstanding, this positive feedback, the inspectors found that there were areas where actions were required to improve the care and welfare for residents. Inspectors found repeated non-compliance with several regulations which underpin residents' quality of life and safety. These are discussed under the relevant regulations and under the themes of Quality and Safety and Capacity and Capability in this report.

The inspectors were met by the Assistant Director of Nursing who was deputising on the day for the person in charge and two of the directors of the company that is the registered provider who were involved in the centre's day-to-day operations and management. Following an introductory meeting the inspectors were accompanied for a walk of the designated centre. The inspectors observed that the centre premises was laid out over three floors in two separate buildings known as and referred to in this report as 'the Lodge' and 'the House'. Residents' accommodation was located on the ground and first floor in the Lodge and on the ground floor in the House.

The inspectors spoke with many of the residents during the day and their feedback was positive regarding all aspects of the service they received and in particular, the standard of their care and the staff caring for them. Examples of residents' feedback regarding their lived experience in the centre included 'the best in Donegal', 'the care I got here made me well again', 'the staff here genuinely care about me' and 'I would have no hesitation in recommending this place'.

Residents also told inspectors that they were satisfied with their bedrooms and that they were always comfortable and warm in the centre. The inspectors observed that many residents had personalised their bedrooms with their family photographs and other personal items. One resident had their bedroom set up so they could continue to access and enjoy their interest in online gaming with friends.

All residents' bedrooms in the the Lodge had full en-suite facilities which included a shower, toilet and hand wash sink. The majority of residents' bedrooms in the the

House had an en-suite toilet and hand wash sink, however, a number of these en-suite facilities were small. Inspectors observed that residents with significant mobility needs accommodated in some of these rooms were unable to access these facilities due to their limited size and layout. This excluded these residents from accessing toileting and personal care facilities within their own environment.

The inspectors observed that works carried out following the last inspection to ensure that a resident's privacy was protected in one twin bedroom were not effective and did not ensure the privacy of a resident in this twin bedroom. Not all residents who shared twin bedrooms could view the single television available in their bedrooms. This impacted on their choice of programme viewing and also meant that they had the background noise of a television without the benefit of being able to view it.

Throughout the day, the inspectors observed residents enjoying the social activities which included arts and crafts in one communal room and live music and newspaper reading in the other two communal lounges. The inspectors reviewed the activities programme which showed a variety of activities available throughout the week, including daily live music sessions, newspaper reading, bingo, word games, quizzes and other activities. The inspectors observed that the residents' social activity programme was facilitated by two activity coordinators. Some residents also enjoyed going out with their families to the shops and local amenities.

Some of the residents aged under 65yrs were observed participating in and enjoying the live music session which the activity coordinator had tailored to try and ensure that each resident had opportunity to listen to and join in with singing their favourite songs. Inspectors also found that a number of residents were using specialist equipment, including motorised wheelchairs and communication aids to support their independence, comfort and well being. However, two residents who were assessed and funded for enhanced companionship and support did not have these additional staff supports in place.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013, as amended. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

The inspectors found that improvements had been made since the previous inspection in March 2023 however more focus and effort were now required to address the non compliance found on this inspection and to ensure residents received a safe and appropriate service in line with their assessed needs.

The provider is Hillcrest Nursing Home Limited. The directorship of the company had recently changed and two of the directors were available in the designated centre

and facilitated the inspection. The designated centre is registered for 58 beds and has three permissive and two restrictive conditions attached to the current registration. This inspection found that the provider was in breach of Condition 5 of their registration as additional staff were not rostered on the day of the inspection to meet the assessed enhanced support and companionship needs of two residents. This is discussed under Regulation 23 in this section of the report.

There was a clear management structure in place which included the person in charge and a general manager both of whom worked full time in the designated centre. The person in charge was supported by an Assistant Director of Nursing (ADON) which was not in line with the management structure set out in the provider's statement of purpose (dated 17 August 2023 Revision No 7) which stated that a Director of Nursing (DON) would be in place. Therefore whilst there was a person in a management role they were not at the level agreed in the statement of purpose against which the designated centre was registered. The person in charge was not working in the centre on the day of the inspection and the assistant director of nursing was deputising and facilitated the inspection. They demonstrated knowledge and awareness of their regulatory responsibilities and a commitment to improve compliance in the designated centre. An operations director was also working in the centre on the day of the inspection. The management team demonstrated knowledge and awareness of their regulatory responsibilities and a commitment to improve compliance in the designated centre.

Care was delivered in a relaxed and calm atmosphere and routines were flexible. It was evident that staff knew the residents well and were familiar with their preferences for care and daily routine. Both staff and residents were familiar with the person in charge and the assistant director of nursing and said that they were approachable.

Staff were aware of residents' needs and worked well together as a team to ensure residents received their care and support in a timely manner. Call bells were answered promptly and residents and their visitors said that staff were prompt to respond when they needed support. However the inspectors found that those residents who were funded for additional support and companionship hours did not have these in place in line with their contracts for care.

Management systems were in place however these did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. This inspection found that the oversight of infection prevention and control procedures, fire safety precautions and medication management did not ensure safe and appropriate practices in these areas leading to risks for residents.

The annual review for 2023 was nearing completion at the time of the inspection. The review included feedback from residents. The final report was submitted following the inspection and set out the quality improvements the provider intended to make for the coming year. This included actions following feedback from residents.

Regulation 14: Persons in charge

The person in charge is an experienced registered nurse who has worked within older person services for more than ten years and holds a post registration management qualification. They work full time in the designated centre. They are engaged in the day to day governance and operational management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspectors reviewed the rosters and found that there were not sufficient staff available to meet the assessed needs of the residents taking into account the size and layout of the designated centre. The rosters showed that;

- There was no additional staff rostered to provide the enhanced care package hours for one resident, in line with their assessed needs and contractual arrangements. This resident's enhanced support and companionship needs were being met by staff from the base line compliment of staff and visits from a relative. This meant that companionship and support for this resident was limited to the activities that were provided for all residents in the centre and occasional trips out of the centre when staff were available.
- The additional staff required to provide enhanced support and companionship hours for a second resident were not available seven days per week in line with their assessed needs and the resident's contract of care. This meant that companionship and support for this resident was limited to the activities that were provided for all residents in the centre and occasional trips out of the centre when staff were available.
- The provider did not manage the staffing resource in the centre to ensure that there were sufficient cleaning staff available each day. Rosters and interviews with staff showed that there were no cleaning staff after 2pm. As a result a number of rooms were found to be cluttered and had not been cleaned as part of the daily cleaning schedule.

Judgment: Not compliant

Regulation 16: Training and staff development

Although staff had access to training not all staff were up to date with their mandatory training requirements. There was no evidence available that one staff were up to date with their training in respect of safeguarding.

There was no evidence that one staff had completed their infection prevention and control training.

In addition nursing staff had not completed Children First training which is required as part of their professional training requirements.

Judgment: Substantially compliant

Regulation 21: Records

Out of a sample of four staff records one record did not have a full employment history as gaps between periods of employment were not explored and recorded. In addition there was no record that appropriate Gardai vetting was in place for the member of staff prior to starting employment in the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was found to be in breach of Condition 5 of their registration conditions as they did not ensure the staff resource was available to fully cover the additional hours for those residents who were funded for enhanced care packages.

The management systems that were in place for key areas such as infection prevention and control, healthcare and medications did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. This is reflected in the findings set out under Regulation 27, Regulation 6 and Regulation 29 in this report. There was insufficient oversight and staff supervision to ensure that local policies were implemented in practice. For example, provider's own auditing systems had failed to identify transcribing practices that were not in line with policy and posed a risk to the residents.

Despite commitments given to the Chief Inspector following the last inspection, insufficient action has been taken by the registered provider to achieve compliance and there were repeated non compliances in respect of a number of regulations such as Regulation 15 Staffing, Regulation 17 Premises and Regulation 9 Resident's Rights.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed contracts for four residents and found that they included the services to be provided and the fees to be charged for these services, including any additional fees not covered under the Nursing Homes Support scheme or to which the resident was not entitled under any other health entitlement.

The contracts recorded the room number of the resident's bedroom and the occupancy of the room as required by the regulation.

Although the contracts met the requirements of the regulations the inspectors found that other arrangements for enhanced companionship and support care provision agreed with other parties were not respected as detailed under Regulation 23: Governance and Management and Regulation 9: Residents' Rights.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an updated statement of purpose Version 9 that included the information required under Schedule 1 of the regulations. This information included some changes to the management personnel and roles that had been set out in Version 7 of the statement of purpose against which the centre was registered.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were mostly well cared for and there was evidence of improved oversight of the standards of care provided for residents. Notwithstanding the improvements made since the last inspection, the inspectors found that further actions by the provider were necessary to ensure that the quality and safety of care being delivered to residents was consistently and effectively managed, to ensure the best possible outcomes for residents. As found on the last inspection in March 2023, actions continued to be needed on this inspection to bring Regulation 5: Assessment and Care Planning, Regulation 9: Residents' Rights, Regulation 17: Premises, Regulation 27: Infection Control, and Regulation 29: Medicines and Pharmaceutical services into full compliance.

Residents' care records were securely maintained on an electronic documentation system and the inspectors found that actions were in progress to ensure each resident's health and social care needs were identified and the care interventions they needed were clearly described. The inspectors reviewed a sample of residents' care documentation and found that information required to inform effective care

interventions was mostly in place. Although, kept up-to-date, care records did not evidence that consultation with the residents or their representative as appropriate, had taken place or/ and that they had been updated to the changes in respect of residents' care. Residents had access to a range of healthcare supports which included General Practitioners (GP) who regularly visited residents in the centre. The provider indicated that there were delays in accessing some community allied health professional services and had ensured that arrangements were now in place to ensure residents' timely access to allied health professionals as needed.

While, supports were made available for most residents to participate in meaningful social activities in line with their capacities and preferences, the provider had not ensured that residents with enhanced companionship and social support needs received the enhanced companionship and support for which they were assessed and funded. In addition, the recording and oversight of residents' social activity provision was not robust and, as a result, the provider could not be assured that each resident was supported to participate in meaningful social activities in line with their interests and capacities.

There were sufficient communal and private facilities available in the designated centre for residents' use. Works underway at the time of the last inspection to relocate the oratory and convert the vacated room to a single bedroom were completed. However, storage of equipment used to care for residents was not well organised and hoists and linen segregation trolleys were being stored in residents' communal and private spaces.

Surfaces in areas of the residents' lived environment in the House were in need of maintenance. Although, ventilation was improved in residents' bedrooms, a malodour issue was again identified by inspectors in a sluice room, despite the presence of an extraction fan. Staff and management were aware this was an issue but there was no plan in place to address it. This finding is repeated from the last inspection and is discussed under Regulation 17: Premises.

The oversight of medication management and administration practices were not effective and the inspectors found that the medicines management practices and procedures in the centre were not always in line with professional nursing standards and posed a risk to residents' safety. A review of a sample of residents' medication records found errors and omissions in the recording of medications for a number of residents. These omissions and errors had the potential to have a negative impact on resident's health and well-being. This is a repeated finding from the last inspection. Actions were required to ensure that medication administration practices were safe and were in line with the centre's own medication policy and in line with professional guidelines.

Notwithstanding a number of recent improvements made by the provider to address infection prevention and control issues, further actions were found to be necessary to ensure that infection prevention and control procedures were consistent with national standards and residents were effectively protected from risk of infection. This is further discussed under Regulation 27: Infection Control.

There was a low number of residents 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). A positive and supportive approach was taken by staff with managing responsive behaviours experienced by residents. However, the use of full-length restrictive bedrails had increased and while residents who used restraints such as bed rails had been assessed for the suitability of such restraints, availability of alternative less restrictive equipment was limited.

Staff interactions with residents were respectful and empathetic which helped to promote a culture of openness and inclusiveness in which residents were respected and safeguarded. Measures were in place to safeguard residents from abuse. Members of staff who spoke with the inspectors were familiar with the procedures to be followed should a safeguarding concern arise at the centre. Residents said that they felt safe and that they could talk to a member of staff if they were concerned about anything.

Regulation 11: Visits

Flexible arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre and practical precautions were in place to manage any associated risks, including risk of infection to ensure residents were protected.

Judgment: Compliant

Regulation 12: Personal possessions

Two residents in one twin bedroom shared one wardrobe that was located outside their bed space. This did not ensure that these residents could maintain control over their clothing and personal belongings.

The inspectors also observed that other than the top of their bedside lockers, the residents in this bedroom did not have a suitable surface to display their personal photographs and other items within their bed space, if they so wished.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was not appropriate to the needs of a small number of residents with assessed increased mobility needs, as follows:

- The size and layout of a number of the en-suite facilities did not meet the needs of the residents accommodated in these rooms. For example the toilets were set on a raised platform which was stepped up from the floor. In addition there was not sufficient room in these facilities to move about easily if the resident required a walking aid or the support of another person to use the toilet or shower.

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- Poor ventilation was found in the new sluice which created a malodour. This finding is repeated from the last inspection in March 2023.
- There was no clearly identified areas for the storage of hoists in the designated centre which meant that communally used hoists were being stored in residents' individual bedrooms. This did not uphold the resident's rights to use their personal space as they wished and also created a potential infection control risk and trip hazard for residents returning to their bedrooms during the day.
- A used linen collection trolley was stored in a communal toilet on the first floor of The Lodge. This toilet was located beside a day room where many residents spent their day. This inappropriate storage hindered residents' safe access to their toilet facilities.
- Paint was damaged and missing on the surfaces of some residents' bed frames which was unsightly and did not support effective surface cleaning.
- The layout of one twin bedroom did not facilitate residents to have a comfortable chair beside their bed.

Judgment: Not compliant

Regulation 27: Infection control

Notwithstanding a number of recent improvements made by the provider to address infection prevention and control issues, further actions were necessary to ensure that infection prevention and control procedures were consistent with the National standards for infection prevention and control in community services published by the Authority. This was evidenced by the following findings;

- The hand hygiene sinks located in the sluice rooms did not meet the required standard due to their small size. Access to the hand hygiene sink in one of the sluice rooms was hindered due to the location of the sink and other equipment being stored in the room.
- Floor tiles in a number of the en-suite facilities in the House were cracked and damaged and did not support effective floor cleaning procedures.

- There was inappropriate storage of used linen in a linen collection trolley in one shared toilet for residents' use on the first floor of the Lodge.
- There was inappropriate storage of continence wear for residents' use on a shelf area in a shared toilet for residents' use. A bar of soap was available for use on the sink in this toilet and toilet rolls were not covered. These findings posed a risk of cross-infection to residents.
- Although some actions had been taken to improve the standard of environmental hygiene in the cleaners' room located in an external building, the inspectors observed that the floor and wall surfaces were damaged and did not support effective cleaning. Furthermore the door to this room was not well-ventilated and there was a strong smell of oil boiler fumes in the room.
- Waste collection bags were not contained in suitable bins with closed sides.. In addition, some of the bins that were in use were open-top bins. This included the bin in a visitor's room and the bins in some communal toilets.
- Not all areas of the designated centre were cleaned to an appropriate standard. Although a cleaning schedule was in place, records showed that a number of rooms had not been cleaned and were observed to be cluttered. This included two rooms on the first floor of the House and an alcove area in the cinema room in the Lodge. A review of allocated resources was required to ensure all areas of the centre were maintained clean and tidy at all times.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The oversight of medication practices did not ensure that all medicinal products were administered in accordance with the directions of the prescriber.

- One resident's medication administration record showed that the resident had not received their prescribed medication for a 24 hour period. Staff did not have an explanation as to why the resident did not receive their medication and there was no record of the reason why the medication was not administered. This error had not been identified through the centre's medication audits.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Notwithstanding actions in progress and improvements made to residents' care documentation, inspectors found that further actions were necessary to ensure that

residents' care plans contained the necessary information to guide effective care delivery. For example:

- One resident did not have a care plan to direct staff on managing their seizure activity, including instruction for administration of emergency medication if necessary.
- Two residents' behaviour support care plans did not provide sufficient detail regarding the triggers to their behaviours and the most effective person-centred de-escalation strategies staff should complete to effectively manage their behaviours.
- Although, there was evidence that residents' care plans were regularly updated, there was no information available providing assurances that these reviews were completed in consultation with residents or their representatives, as appropriate.
- There was no evidence that the social care plans for two residents were being fully implemented to ensure these residents received enhanced companionship and support in line with their assessed needs.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that medication management practices in the centre did not ensure that residents received a high standard of evidence-based care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais and in line with the centre's Medicines management policy. This was evidenced by the following findings:

- Nurses were administering a number of residents' medicines from transcribed instructions that were not co-signed by a second nurse. Furthermore, these transcribed medications were not signed by the prescribing doctor within the required time frames set out in the provider's medication policy.
- The inspectors found errors and omissions in the transcriptions for five residents. These errors showed that nursing staff were not consistently following their professional guidance in the administration of medications which increased the risk of medication errors and harm to residents.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

This inspection found that staff were mostly committed to minimal restraint use in the centre and their practices generally reflected the national restraint policy

guidelines. However, use of full-length bedrails had increased in quarter four 2023 and the inspectors were told that most of the residents with full-length bedrails in place used them to change position and to support their feelings of security while in bed. Availability of less restrictive equipment to trial prior to introducing full-length restrictive bedrails was limited to a small number of low level beds and did not include other enablers such as modified length bedrails.

Judgment: Substantially compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. Staff spoken with were knowledgeable regarding recognition and responding to abuse. Staff were aware of the reporting procedures and clearly articulated knowledge of their responsibility to report any concerns they may have regarding residents' safety. Residents confirmed to the inspectors that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The organisation and availability of social care support was not well-managed to ensure that all residents were provided with activities in line with their assessed needs and care plans. Consequently, not all residents were always provided with opportunities to participate in activities in accordance with their capacities and capabilities. For example, the provider had not ensured that residents with enhanced companionship and social support needs received the companionship and support for which they were assessed and funded for. Although, these residents were supported to engage in the centre's activity programme which was available for all residents, there was limited evidence that the provider had put into place the enhanced support and companionship for which they were paid and which would enable these residents to engage in specific activities and to access the facilities in their community on a regular basis. As a result, these residents spent almost all of their days in the centre with limited opportunity to engage in outside activities and personal interests.

There was insufficient oversight of resources in place to ensure that residents had access to a planned schedule of activities seven days each week. The inspectors found gaps in the recording of residents' participation in activities and it was difficult to identify the activities a number of residents attended each day.

The inspectors found that the layout and limited space available within the bedspace of a resident with high support needs in one twin bedroom could not ensure that their privacy was assured during transfer into and out of bed and during personal care activities.

Residents in twin bedrooms shared one television which did not ensure that each resident had choice of television viewing and discrete listening. Furthermore the location of the television did not ensure that both residents could view the television comfortably at the same time or that both residents could view the television if one resident had their bed screens closed.

Judgment: Not 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 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Hillcrest House Nursing Home OSV-0000346

Inspection ID: MON-0041751

Date of inspection: 06/03/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>To ensure effective compliance with staffing requirements within the Centre, the following steps are taken:</p> <p>Staffing (Delivery of Additional Services within the Centre)</p> <ol style="list-style-type: none"> 1. Following the Inspection, service provision to all residents was reviewed to assure which residents in the Centre were in receipt of services in additional to long-term residential care services; 2. It was established that the Registered Provider provides: <ol style="list-style-type: none"> (a) no one-to-one care services to any resident and is subject to no contractual agreement or other arrangement with any stakeholder to provide one-to-one care services to any resident within the Centre; (b) special additional services, to include an enhanced social programme and companionship services to two residents, one a Fair Deal resident (the “Fair Deal Resident”) in receipt of additional HSE funding, the other a Ward of Court (the “Ward”) on a private fee paying basis where payment arrangements are overseen by the High Court’s Ward of Court’s office. 3. The Registered Provider took immediate steps to ensure going forward that all rosters within the Centre accurately reflect the rostering of staff required to deliver the companionship services and social services to the Fair Deal Resident. 4. The Registered Provider took steps on and before 9 May 2024 to engage with the High Court’s Ward of Court’s office to agree the main body of a written Contract for Care to govern service delivery to the Ward (a former resident of Hillcrest Nursing Home – The Lodge) and proceeded to ensure that rostering within the Centre going forward accurately reflects the rostering of staff required to deliver the services to the Ward, in addition to base-line staffing requirements as set out in Registration Condition No. 5 of the Centre’s Certificate of Registration. 5. The Registered Provider has put in place systems within the Centre to track documentation of both the Fair Deal Resident and the Ward in the provided companionship and social services by reference to the contract for care documents mentioned above. 	

6. Within these systems, the Registered Provider will ensure, going forward the assignment of responsibilities to the Centre's staff in addition to the Centre's baseline staff, and ensure that that all relevant staff are engaged in the delivery and documentation of service delivery.

7. The Registered Provider will continue to monitor service delivery effectively to ensure that companionship and all other services including enhanced social programmes are provided in accordance with agreed arrangements to deliver the statutory care plan of the Ward and the aforementioned Fair Deal resident.

Staffing (Housekeeping)

1. Following the Inspection, the Registered Provider carried out a full review of housekeeping staff deployment.

(i) The Registered Provider, following completion of the review, has reorganised the deployment of housekeeping staff to ensure that going forward, housekeeping shifts are implemented to ensure continuous coverage through the afternoon beyond 2 pm.

(ii) Enhanced systems are adopted and implemented to document and consistently monitor housekeeping activities and staff performance within the Centre, to include the ongoing measurement of increased number of housekeeping hours as per new schedules.

2. Our newly introduced systems will include the completion of housekeeping tasks through daily, weekly and monthly logs, while reviews and quarterly audits will ensure that cleaning standards are maintained to ensure cleanliness, hygiene and infection control compliance within the Centre on a day-to-day basis to enhance resident satisfaction and meet standards as well as addressing the specific issues identified during the Inspection by the Inspectors.

3. The Registered Provider will continue to provide guidance and training to housekeeping staff on new schedules and enhanced standards required by the Registered Provider within the Centre following the Inspection, with a view to completing a first focused audit of the housekeeping and cleaning practices by 14 June 2024 and implementing the new cleaning manual/checklists by 21 June 2024 and further reviews to occur within 30 days of implementation.

Regulation 16: Training and staff development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Following the Inspection, the Registered Provider took immediate steps to ensure the effective full compliance with Regulation 16 to include:

(i) Training to ensure that all of the Centre's staff are up-to-date with safeguarding and infection control training;

(ii) Arrangements made to ensure that all nursing staff will complete Children First training in a time-bound manner; and

(iii) The monthly review of the training matrix for the Centre to identify gaps and ensure

that training of new employees is prioritized in the short term along with those employees whose training is out of date.

Regulation 21: Records

Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

Following the Inspection, the Registered Provider has completed a thorough review of all Garda Vetting arrangements within the Centre. The Registered Provider has completed an audit to establish the full employment history of all staff. In particular, the Registered Provider has taken the following actions:

- (a) Garda Vetting has been completed for the Centre in respect of the one employee who had commenced work in the Centre in reliance on Garda Vetting from a designated centre other than this Centre;
- (b) The Centre's job application form has been updated to include a section on gaps in employment;
- (c) The Registered Provider has put in place arrangements to ensure, going forward, that no staff member will be employed by its company in the absence of Garda Vetting;
- (d) A Check-list has been introduced within the Centre to ensure that all staff files ensure full compliance with the requirements of Schedule 2 of the Care & Welfare Regulations; and
- (e) The Registered Provider has put in place arrangements to ensure that an audit and gap analysis of all staff files is completed on a three monthly basis to ensure full compliance with the Care & Welfare Regulations.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Registered Provider has put in place effective arrangements to ensure that:

1. Staffing (Delivery of Additional Services within the Centre) The Registered Provider will ensure, going forward the assignment of responsibilities to the Centre's staff in addition to the Centre's baseline staff, and ensure that that all relevant staff are engaged in the delivery and documentation of service delivery. The Registered Provider will continue to monitor service delivery on a monthly basis, to ensure that companionship and all other services including enhanced social programmes are provided in accordance with agreed arrangements to deliver the statutory care plan of the Ward and the aforementioned Fair Deal resident.
2. The Registered Provider will attend to the submission of a revised Statement of Purpose for the Centre to the Chief Inspector for approval and ensure that the newly

appointed Director of Nursing commences the position by the 8th July 2024.

3. The Registered Provider, following a review, has reorganised the deployment of housekeeping staff to ensure that going forward, housekeeping shifts are implemented to ensure continuous coverage through the afternoon beyond 2 pm to 5pm.
4. Following the Inspection, the Centre’s medication policy and practice was full reviewed with a view to ensuring enhanced compliance practice within the Centre. The Registered Provider has engaged with its pharmacy stakeholder and made effective arrangements for the introduction within the Centre of blister packs. Further, the Registered Provider has arranged for enhanced education and training to be provided by the supplying pharmacists. Further, Registered Provider has imposed a policy within the Centre to ensure that all individual Staff Nurses will read and follow the Centre’s Medication Policy.
5. The Registered Provider has introduced within the Centre a new Medication Policy and Procedure to ensure the safety for all Residents. Audits for Medication Management will be reviewed to ensure compliance with the New Policies and Procedures.
6. The Registered Provider has made arrangements to ensure that all staff complete HSEland infection and prevention control training (Completed). Further, additional inhouse training for all staff is being booked for August 2024 and in the meantime, audits will be carried out by the Centre’s management view to mitigating risk to all residents.
7. The Registered Provider has put in place arrangements to ensure that all care records reviewed, revised and updated as required by the Care & Welfare Regulations, and to reflect consultation with Resident and/or their representatives as appropriate.
8. Following the Inspection, the Registered Provider took prompt steps to ensure that Community Allied Health access to professionals is now in place.
9. Specifically in reference to the Compliance Plans for Regulation 6, 15, 17, 9, 27 & 29 regarding Governance and Management within The Centre, the Registered Provider will ensure that the stated actions will be reviewed monthly to ensure ongoing compliance. The findings of these reviews will be discussed at management and staff meetings as required.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Following the Inspection, the Registered Provider took the following steps to ensure full compliance, namely the Registered Provider:

- undertook work (completed) to ensure that each individual resident has individual storage space within the bedspace. Resident wardrobes that were traditionally placed alongside each other are now separated from each other to ensure the avoid of any perceived confusion;
- is engaging in consultation with residents and/or their families to identify whether they wish to have shelving units and/or surface area space in their bedrooms, and once established individual residents’ wishes will be accommodated with a view to seeking to achieve the perceived cluttering of bedrooms with personal belongings, where same occurs.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Following the Inspection, the Registered Provider has taken the following steps to ensure compliance with Regulation 17:</p> <p>Ensuite Bedrooms</p> <ol style="list-style-type: none"> 1. The Registered Provider will carry out an assessment of the relevant ensuite facilities and corresponding Resident needs to provide assurances to the Chief Inspector that the en-suites in question are appropriate to Residents’ needs as already assessed within their care plans. 2. Engage with Residents and stakeholders to gather feedback on the ensuite facilities. 3. The Registered Provider will document, as detailed above, monitoring resident feedback regarding functionality and satisfaction with ensuite facilities within the Centre; 4. The Registered Provider will complete the assessments of all en-suite facilities within the Centre by 31st July 2024; 5. The Registered Provider will then develop a settled plan to deliver any required modification to the ensuite facilities with a view to ensuring the completion of the modifications by 29 May 2026; and 6. When delivering the modifications as required, ensure the safety, accessibility and satisfaction with ensuite facilities for all Residents. <p>Placement of Chairs in Twin Rooms</p> <ol style="list-style-type: none"> 7. The Registered Provider has commenced a survey with Residents/stakeholders to assess and document the preferences of all Residents in twin rooms regarding the placement of comfortable chairs by each Resident’s bed. 8. The Registered Provider will document preferences and feedback in all cases. 9. The survey results will be used to inform the Registered Provider’s assessment to understand the will, preference, satisfaction and comfort of each resident in question in relation to the placing of chairs in the twin rooms. 10. Based on the outcome the survey, the Registered Provider will then proceed to implement the Residents’ preferences in each instance ensuring the utilisation of comfortable and appropriate chairs as residents prefer 11. The Registered Provider will complete the assessment no later than 30 June 2024 and implement the required changes by 31 July 2024. 12. The Registered Provider having reviewed the Care & Welfare Regulations has noted that Schedule 6 permits designated centres to offer bedroom accommodation without ensuite facilities where statutory requirements are fulfilled. 13. The Registered Provider has arranged to replace the ventilation unit of the new sluice and abated the scent which was perceived to be malodorous and offensive to the inspecting olfactory senses (Completed). 14. The Registered Provider has reviewed the Centre’s Certificate of Re-Registration and the Chief Inspector’s recent Notice of Re-Registration Decision in Q4 2023 with a view to identifying the registered storage space within the Centre for the suitable storage for 	

hoists and assures the Chief Inspector that all hoists will be stored there when not in use elsewhere within the Centre.

15. The used linen trolley in the communal toilet on the Centre first floor was returned to its place within the laundry immediately after the Inspection. Management has ensured that all staff within the Centre are familiar with the Centre's laundry policy.

16. The Registered Provider has arranged for an ongoing audit of all bed frames and damaged paint areas so that they will be repaired, which will facilitate surface cleaning.

17. The twin room on the ground floor has been reconfigured to facilitate a chair for the residents, where the residents confirms that it is this/her wish to have a chair in the bedroom.

Regulation 27: Infection control

Not Compliant

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

- The sinks in the sluice rooms will be reviewed and replaced where necessary. Access to the sink in one sluice room will be achieved by removing equipment stored there.
- The floor tiles in the ensuites will be repaired to ensure compliance with infection prevention and control.
- Continence wear was removed from the communal toilet and staff advised to keep incontinence wear in Residents rooms and individually stored. The bar of soap is discarded. Toilet rolls are stored in boxes with lids.
- The cleaner's room outside the Centre will be reviewed to assess floor and wall damage. The deficit will be addressed and corrected. The ventilation will be corrected to get rid of any fumes accumulating there.
- Waste collection bins will be reviewed. Closed top bins with closed sides will replace existing bins as appropriate.
- The cleaning records is being audited and monitored to ensure compliance with schedule. Clutter will be removed.
- The Registered Provider has put in place arrangements to develop and roll out a new cleaning schedule for the Centre. When implemented, a cleaners' meeting/education session will be held on the introduction of the new schedule. The Registered Provider will ensure that the Centre's Cleaning Policy will be read, signed and implemented by all staff. Regular walkarounds by management will monitor cleaning practices to ensure that in situ cleaning is reflected in the records. Monthly audits will also be completed and findings discussed with staff.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- Following the Inspection, the Centre’s medication policy and practice was full reviewed with a view to ensuring enhanced compliance practice within the Centre. The Registered Provider has engaged with its pharmacy stakeholder and made effective arrangements for the introduction within the Centre of blister packs. Further, the Registered Provider has arranged for enhanced education and training to be provided by the supplying pharmacists. Further, Registered Provider has imposed a policy within the Centre to ensure that all individual Staff Nurses will read and follow the Centre’s Medication Policy.
- The Registered Provider has introduced within the Centre a new Medication Policy and Procedure to ensure the safety for all Residents. Audits for Medication Management will be reviewed to ensure compliance with the New Policies and Procedures.
- The Registered Provider has made arrangements to ensure that all staff complete HSEland infection and prevention control training (Completed). Further, additional inhouse training for all staff is being booked for August 2024 and in the meantime, audits will be carried out by the Centre’s management view to mitigating risk to all residents.
- The Registered Provider has put in place arrangements to ensure that all care records reviewed, revised and updated as required by the Care & Welfare Regulations, and to reflect consultation with Resident and/or their representatives as appropriate.
- Following the Inspection, the Registered Provider took prompt steps to ensure that Community Allied Health access to professionals is now in place.

By way of further assurance to the Chief Inspector, the Registered Provider requires within the Centre that:

- (a) all nurses in the Centre will complete medication management competency assessments x 2. conducted by the ADON or Person-in-Charge;
- (b) all nurses will recomplete medication management training on HSEland;
- (c) all nurses must read, sign and implement the Centre’s Medication policy;
- (d) A weekly medication audit is to be done by the ADON or the Person-in-Charge to provide effective oversight; and
- (e) Where non-compliance is identified going forward, the nurse/s will be required to complete the above steps and attend a meeting with the Centre’s management.

The Registered Provider has made arrangements to schedule a meeting with all nurses to discuss medication management - administration procedures, error reporting and documentation, while arrangements are made for the provision of training by the pharmacist with audits also to be carried out by the pharmacist.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Care plans will be updated and reviewed.
- Care records will be updated to show consultation with Resident or Representatives as appropriate have taken place.

- Records for Residents with enhanced support have been reviewed. Social care plans are implemented and are in place.

1. The Registered Provider has ensured since the Inspection that a care plan on managing seizure active has been completed.

2. The Registered Provider has overseen the review and updating of care support plans with special additional services for two residents of the Centre.

3. All nurses and healthcare staff have completed training on Dementia and Behaviours that Challenge.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- Following the Inspection, the Centre's medication policy and practice was full reviewed with a view to ensuring enhanced compliance practice within the Centre. The Registered Provider has engaged with its pharmacy stakeholder and made effective arrangements for the introduction within the Centre of blister packs. Further, the Registered Provider has arranged for enhanced education and training to be provided by the supplying pharmacists. Further, Registered Provider has imposed a policy within the Centre to ensure that all individual Staff Nurses will read and follow the Centre's Medication Policy.

- The Registered Provider has introduced within the Centre a new Medication Policy and Procedure to ensure the safety for all Residents. Audits for Medication Management will be reviewed to ensure compliance with the New Policies and Procedures. Regular audits will be carried out on Medication Administration and records, stocks, and storage of medications. Where errors are identified, Incident (Medication Error) forms will be raised and action plan will be put in place.

- The Registered Provider has made arrangements to ensure that all staff complete HSEland infection and prevention control training (Completed). Further, additional inhouse training for all staff is being booked for August 2024 and in the meantime, audits will be carried out by the Centre's management view to mitigating risk to all residents.

- The Registered Provider has put in place arrangements to ensure that all care records reviewed, revised and updated as required by the Care & Welfare Regulations, and to reflect consultation with Resident and/or their representatives as appropriate.

- Following the Inspection, the Registered Provider took prompt steps to ensure that Community Allied Health access to professionals is now in place.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- The Registered Provider assures the Chief Inspector that it is committed to care without the use of restraints in the Centre, save where required under an individual resident’s care plan and/or respectful of medical advice;
- The Registered Provider has commenced a review of all residents using bedrails to ensure that where bedrails are used in any particular situation, that they are justified, and based on residents needs and/or will and preference;
- The Registered Provider assures that, in all cases, it will consider that use of less restrictive equipment, to include low low bed, crash mat and floor alarm. The Registered Provider assures the Chief Inspector that modified length bed rails will be made available where indicated;
- The Registered Provider has made arrangements to ensure that all staff receive up-to-date training on restraint and restrictive practices;
- The Registered Provider assures the Chief Inspector that within the Centre it will take all necessary steps to ensure that, where restraint is required, the least restrictive equipment will be trialed prior to any use, including of full-length bedrails in any delivery of resident-centric care. Modified length bed rails, while being available within the Centre, may be used in accordance with resident-centric care plans and solely in compliance with the Care & Welfare Regulations, mindful of the statutory definition of “restraint” in Section 2(1) of the Care & Welfare Regulations.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The Registered Provider ensures that there are two activities co-ordinators working full time within the Centre and that the employment of these activities co-ordinators is recorded in the Centre’s Statement of Purpose as approved by the Chief Inspector upon the recent re-registration of the Centre in Q4 2023. Additionally, care staff engage all Residents in activities and socialisation within the Centre.
- A Meaningful Activities Assessment and a Key to Me assessment will be carried out for all residents and new residents going forward. An Activity Care plan will be completed based on the results of these assessments to meet the physical, cognitive and social need of current and all future Residents. A 7-day Activities Schedule will be introduced. Recording of the activities will be completed daily by the Activities Co-ordinators. A review of the daily documentation will be carried out monthly by the Registered Provider to monitor resident engagement/enjoyment and staff documentation. A four monthly review of the assessments and care plan will be carried out by Staff Nurses.
- The delivery of special additional services to Residents in receipt of enhanced support packages is as per the contractual arrangements and the individual needs of Residents.
- The resident’s participation in the provided companionship and social services, as per Contract for Care, is documented daily by the assigned staff. A review of the daily documentation will be carried out weekly by the Registered Provider to monitor resident engagement/enjoyment and staff documentation.
- The Registered Provider has put in place enhanced systems, since the Inspection, which assure that the mobility needs of the any new admission are assessed as part of the pre-admission assessment.

In addition, since the Inspection, the Registered Provider has put in place systems which shall:

- ensure the documentation of Resident's [within Twin rooms] preferences with their television arrangements and ensure the inclusion of such upon the admission of new Residents to twin rooms and implement Resident's preferences accordingly;
- track documentation of resident participation in the provided companionship and social services as defined in Contracts For Care for current and any such future Residents;
- monitor the documentation regarding the mobility needs of Residents upon admission and as per their care plan;
- Review quarterly the Resident television arrangements within twin rooms and implement the television preferences of each resident.
- The Registered Provider engaged with the Resident to determine their will and preference. The Resident communicated clearly their desire to stay in this shared room and underlined that he/she felt safe in such proximity to the nurse's station
- The Registered Provider reconfigured the room layout to ensure privacy and dignity while ensuring The Resident's safety, will and preference were prioritised
- The curtain rail for the bed in question has been moved outward to allow more room beside the bed and full privacy during transfer in and out of bed and personal care activities
- The bed has been positioned accordingly within the greater space to allow the appropriate room for transfer in and out of bed and personal care activities
- The room has been reconfigured to ensure The Resident's wellbeing, safety and dignity without encroaching on same for the other accommodated resident

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	13/05/2024
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	31/07/2024

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/08/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	13/05/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/07/2024
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.	Not Compliant	Orange	29/05/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	13/05/2024

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/08/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in	Substantially Compliant	Yellow	30/06/2024

	accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
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	13/05/2024
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	13/05/2024
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	Not Compliant	Orange	31/07/2024

	evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/06/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/07/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/07/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably	Not Compliant	Orange	13/05/2024

	practical, ensure that a resident may undertake personal activities in private.			
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