Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Roseville House Nursing Home
Name of provider:	DSPD Limited
Address of centre:	Killonan, Ballysimon, Limerick
Type of inspection:	Unannounced
Date of inspection:	07 February 2024
Centre ID:	OSV-0000427
Fieldwork ID:	MON-0042626

About the designated centre

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

Roseville House Nursing Home is a designated centre located in a rural setting a short distance from Limerick city. It is registered to accommodate a maximum of 39 residents. It is a single-storey facility set on a large mature site. Residents' bedroom accommodation is set out in two wings, the old wing, and the new wing which has two corridors. There are single, twin and one three bedded rooms, some with en suite facilities. Communal areas comprise a dining room, two day rooms and a seating area along the bright wide corridor in the new wing. Residents have access to a secure paved courtyard with garden furniture and raised flowerbeds. There are well maintained unsecured gardens around the centre. Roseville House Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 February 2024	09:15hrs to 17:15hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector spent time speaking with residents, and observing the care of residents who could not articulate their experience of the service provided to them. Residents were complimentary of the staff who made them feel safe living in the centre and described the staff as 'friendly, caring, and kind'.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked through the premises with the person in charge and met with residents and staff.

On the morning of the inspection, the atmosphere was observed to be busy but pleasant. Staff were observed attending to residents requests for assistance promptly. Some residents were observed walking through the corridors accompanied by staff, while the majority of residents spent the morning in the communal dining room or attending activities in the dayroom. Residents appeared to be relaxed and comfortable in their environment, and chatting to staff and one another about local news and events. Staff were observed serving residents light snacks and refreshments at their request.

The inspector spoke to a number of residents in their bedrooms and in communal areas. Residents were complimentary of the staff and the 'hard work they do'. Residents told the inspector that while they received prompt care and support from staff during the day, the care they received was not consistent at night time. While some residents told the inspector that the liked to go to bed before 9pm, residents stated that they sometimes experienced delays going to bed due to the availability of staff. Residents confirmed that staff never made them feel rushed, but that they were mindful not to delay staff as 'someone else would be waiting for them'.

Residents complimented their bedroom accommodation and described it as 'comfortable and homely'. Residents were aware that some bedrooms were scheduled to be redecorated and said that they looked forward to their bedroom being redecorated and 'freshened up'. Residents had appropriate storage facilities to display their personal possessions such as photographs, ornaments, and other personal items of significance.

The provider had made some improvements to the premises since the last inspection. A number of bedrooms had been redecorated and plans were progressing to carry out further redecoration on a phased basis. This included redecoration of bedroom walls and skirting boards. There was inappropriate storage of equipment and supplies in communal bathrooms and the sluice room. The inspector observed that communal toilet and shower facilities were used to store equipment such as mobility aids and laundry receptacles. This impacted on the accessibility of the facilities for residents.

While the majority of areas occupied by residents were well maintained and clean, there were some areas of the premises that were not clean. Floor coverings were in a poor state of repair in numerous areas, and consequently appeared unclean due to a build up of dirt and debris. The inspector observed a lack of facilities to support effective cleaning and infection prevention and control. Cleaning equipment such as a trolley, mops, and cleaning agents were stored and prepared in the sluice room. This posed a risk of cross contamination, and therefore a risk of infection to residents.

The inspector noted some fire safety concerns on the walk around of the centre. This included inaccurate floor plans that displayed the fire zones within the centre. Additionally, the first floor of the premises used for storage of records was locked and not easily accessible in the event of a fire emergency.

The residents dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. The dining room was appropriately laid out, and was comfortable and homely for residents. Condiments, cutlery, and drinks were placed on the tables for each resident. Staff were observed to provide assistance and support to residents in a person-centred manner. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes. Some residents reported that the food was satisfactory, and others explained that the quality of food needed improvement and they had provided management with feedback on this aspect of the service.

Throughout the day, residents were engaged in meaningful activities. Some residents chose not to participate in activities, and their choice was respected. Activities observed during the morning included bingo and was attended by a large group of residents. In the afternoon, residents attended a lively music event. Residents told the inspector that they enjoyed the activities on offer.

Residents were provided with opportunities to express their feedback about the quality of the service through scheduled resident meetings and surveys. However, residents told the inspector that their feedback was not always acted upon in a timely manner, and some residents had not received an outcome of the issues raised in their feedback with regard to the food quality and the use of the personal possessions such as charging devices.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced risk inspection, carried out over one day, by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare

of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in August 2023. The inspector also followed up on information submitted by the provider in relation to adverse incidents involving residents, and the management of resident fall's.

The findings of this inspection were that the provider had a management structure in place that was responsible and accountable for the provision of safe and quality care to the residents, in line with the centre's statement of purpose. The provider had taken some action to address issues of non-compliance found on the last inspection in August 2023, with regard to their governance and oversight of the service, and the implementations of some systems to support residents rights, and monitor key aspects of the service such as records. However, the inspector found that ineffective management systems, that included the oversight of risk, the management of adverse incidents involving residents, complaints, infection prevention and control, and the maintenance of the premises, impacted on achieving regulatory compliance across the regulations reviewed on this inspection.

DSPD Limited, a company comprised of three directors, is the registered provider of Roseville House Nursing Home. The registered provider was represented by one of the directors to engage with the office of the Chief Inspector. Within the centre, the clinical management structure had changed through the appointment of a new person in charge who was supported clinically and administratively by a clinical nurse manager. The person in charge reported to the provider representative who attended the centre on a weekly basis, providing governance and oversight support to the person in charge.

The provider had implemented some clinical and environmental audits to evaluate the quality and safety of the service. This included audits to monitor clinical care records, the premises, and infection prevention and control. A review of completed audits showed that some audits were effective to identify deficits in the quality of the service. For example, an audit of the premises had identified deficits in the quality of resident's bedroom accommodation and a phased plan was in progress to address the deficits identified. However, while audits in relation to the facilities to support effective infection prevention and control had identified issues such as the provision of clinical hand washing sinks, there was no effective quality improvement plan in place to address the issue, or manage the identified risk.

The risk management systems in place were not robust and were not effectively implemented to identify and manage risks in the centre. Risks that had been identified by the provider were not managed in line with the centre's own risk management policy. For example, while the inappropriate storage of oxygen had been identified as a potential fire risk, and actions to manage the risk had been developed, the actions that included securing oxygen cylinders to a trolley were not in place.

A programme of building works was ongoing on the site of the designated centre. The provider had risk assessments completed in relation to the impact of these building works on the residents. However, as described above, the provider had not

reviewed the effectiveness of the action taken to reduce the impact of these building works on the residents in the centre. As a consequence, while action had been taken to reduce the noise level of building works, some residents continued to report dissatisfaction with the noise level.

While there were systems in place to record and investigate incidents and accidents involving residents, the inspector found that the incident reporting system was not robust and there was inconsistent documentation of adverse incidents involving residents. Some recorded incidents of resident fall's were poorly detailed and did not contain all the required information to identify possible contributing factors to the incident occurring. This included details of staffing at the time of the incident, or if residents were supervised in line with their assessed needs. While each incident record included a section to assess and review compliance with fall's prevention measures, this section was not accurately completed. For example, completed incident records confirmed that falls' prevention measures such as residents fall's risk assessment and care plan were reviewed following a fall's incident. However, a review of residents' records found that assessments, and care plan had not been reviewed following an incident. Consequently, the inspector found that this system was not sufficiently robust and impacted on the providers ability to identify, monitor and manage risks to residents' safety and welfare.

A notifiable incident, as detailed under Schedule 4 of the regulations, was not notified to the Chief Inspector of Social Services within the required time-frame. For example, the Chief Inspector had not been notified of a suspected allegation of abuse.

Record keeping and file management systems consisted of both electronic and paper- based systems. Staff personnel files contained the information required under Schedule 2 of the regulations.

A review of the record of complaints found that complaints were not always managed in line with the centre's complaints procedure. For example, a small number of complaints did not have the outcome of an investigation documented. The management systems in place to recognise and respond to complaints did not ensure that complaints and concerns were acted upon in a timely, supportive and effective manner. For example, complaints received by the management team were not recognised as complaints and therefore not managed in line with the centres policy or the requirements of Regulation 34: Complaints procedure.

The provider had reviewed the system of staff allocation since the previous inspection. Staff were reallocated in line with the health and social care needs of the residents. This reallocation had been informed by a review and analysis of the incidents of falls in the centre during the evening time. Further analysis and action was now required to ensure that the falls management plan also included a review of the night-time staffing levels and the impact of these staffing levels on the falls rate in the centre.

There was a training and development programme in place for all grades of staff. A review of staff training records evidenced that all staff had up-to-date training to

support the provision of safe care to residents. Additionally, training had been provided to staff in relation to the nutritional assessment and monitoring of residents, and care planning.

The arrangements in place to supervise and support staff was not effective to ensure staff implemented their training with regard to infection prevention and control, and to ensure that clinical care records were accurately maintained.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons, and worked full-time in the centre. The person in charge had the overall clinical responsibility for the delivery of health and social care to the residents.

Judgment: Compliant

Regulation 15: Staffing

There were insufficient staffing levels in the centre to meet the assessed needs of the residents, or for the size and layout of the centre, at night time. For example;

- There were 19 residents assessed as being maximum dependency, 10 residents were high dependency, six residents were medium, and two residents low dependency. There was one registered nurse on duty between 8pm and 8am to provide oversight and supervision of two health care assistants, and to provide nursing care to the residents.
- A review of the record of incidents from October 2023 to January 2024 showed that a significant number of fall's incidents involving residents occurred during the night time.
- Residents spoken with reported having to wait a long time for care to be delivered in the evening time.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of residents. This was evidenced by;

- inadequate monitoring and supervision of infection prevention and control

practices, such as the management of waste and toileting aids, in the centre.
- lack of oversight of the residents clinical documentation to ensure the assessment and care planning were accurate and up-to-date.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service did not ensure the service provided to residents to residents was safe, appropriate, consistent and effectively monitored. For example;

- The systems of monitoring, evaluating and improving the quality and safety of the service were not effective. For example, improvement action plans developed following audits were not consistently implemented. They did not have a time-line for completion or planned review date. For example, the audit used to identify areas of risk in relation to infection prevention and control identified potential areas for improvement. However, no plan was put in place to address or manage the risk.
- Risk management systems were not effectively monitored or implemented. For example, documented risks were not reviewed or updated to assess the effectiveness of the controls in place to manage the risks. Known risks, such as those associated with inadequate storage and hand hygiene facilities, and their impact on infection prevention and control measures were not included in the centre's risk register. Consequently, actions to mitigate and manage risks to residents had not been identified.
- There was poor oversight and implementation of the centre's complaints management system to ensure complaints were managed in line with the requirements of the regulations.
- The incident reporting system did not ensure effective oversight of incidents involving residents to identify opportunities for learning and improving the service.
- There was poor oversight of the submission of statutory notifications to the Chief Inspector.

The compliance plan submitted following the previous inspection was not fully implemented, resulting in repeated non-compliance with infection prevention and control, and the premises.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints log in the centre found that complaints were not consistently managed in line with the centres own policy or with the requirements under Regulation 34. For example;

- Records of complaints received by the centre did not consistently detail the outcomes of any investigations into complaints.
- Records did not clearly indicate that a written response of acknowledgment was issued to the complaint in line with the requirements of the regulations, and the centre's own complaints procedure.
- Concerns raised through resident surveys regarding the food standards and issues with staff were not acknowledged or responded to.
- A complaint in relation to noise generated by building works had been brought to the attention of the management team, but was not documented or managed within the centre's complaints register. This meant that there was no record of how these issues were acknowledged, investigated or resolved to the satisfaction of the complainant, as required under Regulation 34.

Judgment: Not compliant

Quality and safety

Resident's health and social care needs were met to a satisfactory standard from a team of staff who knew their individual needs and preferences. Residents reported feeling safe living in the centre. The provider had taken action to ensure residents were provided with appropriate access to health care, and that their rights were protected through promoting their choice, and providing meaningful activities and engagement. However, action continued to be required to ensure that residents received care and support in an environment that met their individual and collective needs, and protected them from the risk of fire and infection. This inspection also found that further action was required to ensure that residents needs were appropriately assessed to inform the development of care plans.

Some action had been taken with regard to the maintenance of the premises since the previous inspection, and a project plan of maintenance and redecoration was in progress. Some bedrooms had been redecorated and areas such as a shower room were identified for repair of the floor coverings. However, the provider had not completed maintenance works in line with a compliance plan submitted following the last inspection. For example, shower tiles were missing in an en-suite bathroom, a broken window in the sluice room had not been repaired, and floor coverings in a number of areas were not appropriately maintained.

The centre was found to be visibly clean, with the exception of areas of the centre where deficits in the premises, such as impaired floor coverings, compromised effective cleaning. Staff spoken with were knowledgeable regarding the cleaning

procedure and hand hygiene. However, the inspector observed poor practice in relation to the management of waste and toileting aids, and inappropriate storage of equipment in the sluice room. Additionally, there was no dedicated room for the storage or preparation of cleaning agents or equipment, and there were inadequate clinical hand wash sinks in the centre.

The inspector reviewed the arrangements in place in relation to fire safety. Actions to address issued identified on the last inspection with regard to fire containment, and to ensure that residents personal emergency evacuation plans (PEEP) reflected the current residents living in the centre, had been completed. Fire drills were carried out and staff demonstrated an appropriate awareness of the fire evacuation procedures. However, the system in place to ensure the safe and timely evacuation of the centre was not robust. For example, floor plans located beside the fire panel did not detail the location of all the fire zones within the designated centre. Additionally, some areas of the designated centre, such as the first floor of the premises, were not easily accessed in the event of a fire emergency, and the inappropriate storage of oxygen in the centre created a fire risk.

A sample of assessments and care plans were reviewed and found that while each resident had a care plan in place, care plans were not always informed by an accurate and up-to-date assessment of the residents needs following an adverse incident such as a fall. Therefore, care plans did not reflect the current care needs of the residents. Furthermore, care plans were not reviewed following a change in the residents condition.

Arrangements were in place for residents to access the expertise of health and social care professionals such as dietetic services, speech and language, physiotherapy and occupational therapy through a system of referral. Residents were provided with appropriate access to medical and health care services. This is a completed action since the last inspection.

While each resident was provided with a guide to services in the designated centre in an accessible format, the guide had not been updated to reflect changes to the complaints procedure, including the personnel responsible for the management of complaints.

Residents told the inspectors that they felt at home in the centre and that their privacy and dignity was protected. Residents were free to exercise choice about how to spend their day and were encouraged to enjoy and participate in activities.

Residents were consulted about their care needs and the overall quality of the service, through schedule resident meetings and surveys.

Visiting was found to be unrestricted and residents could receive visitors in either their private accommodation or designated area if they wished.

Regulation 17: Premises

There were areas of the premises that did not meet the requirements of Schedule 6 of the regulations. For example;

- Floor coverings in some areas were not appropriately maintained. Floor coverings were lifting away from skirting in a number of bedrooms, shower rooms, and corridors. Skirting was also visibly damaged in residents bedrooms. This resulted in a build up of dirt and debris.
- Shower tiles in residents en-suites were observed to be visibly damaged, and glass was broken in a window in the sluice room.
- Storage facilities were inadequate and resulted in the inappropriate storage of equipment in communal toilets. For example, mobility aids and linen receptacles were store in a communal shower resulting in the area being inaccessible to residents.
- A communal toilet did not have a lock on a door that was adjoining a bedroom.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 20: Information for residents

The resident's guide did not contain accurate information with regard to the procedure respecting complaints.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with National Standards for Infection Prevention and Control in Community Services published by HIQA.

The care environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- There were a limited number of clinical hand wash sinks available for staff use. Sinks within residents rooms, and toilets were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- The centre did not have a dedicated room for the storage of cleaning equipment or preparation of cleaning chemicals. Cleaning equipment was stored inappropriately in the sluice room. This posed a risk of cross contamination, and risk of infection to residents.

- The management of storage areas was not effective to minimise the risk of cross infection. For example, linen receptacles and mobility aids continued to be stored in a communal bathroom. This increased the risk of cross infection.
- Urinals and a commode basin were inappropriately stored on the ground in a communal toilet. This posed a risk of infection to residents using communal facilities.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider did not ensure that adequate precautions were taken and regularly reviewed to ensure resident safety. This was evidenced by;

- Oxygen was inappropriately stored in a clinical room that was located on the ground floor. Oxygen cylinders were not secured, and this presented a potential fire risk. If a fire were to develop in this area, it could be accelerated by the presence of these cylinders.
- There was inadequate management of keys to the locked areas of the premises. The first floor was used for storage and was accessible only through an external door. This area could not be accessed in the evening time as the only keys to the external door were held by a member of staff who had left the building. This presented a fire risk as staff could not access or assess the area in the event of a fire emergency.
- Daily records to confirm that means of escape and escape routes were unobstructed were inconsistently maintained. For example, there were numerous records in the previous three months that were not completed.

The floor plans on display by the fire panel, used to delineate fire zones in the centre, were not accurate. The floor plan did not accurately detail all fire zones in the designated centre, and gave conflicting information with regard to the location of one fire zone. This had the potential to cause confusion during a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

Residents did not have an appropriate assessment of their needs completed following a fall's incident. Consequently, the care plan did not detail the

interventions necessary to support residents who required close supervision and support with their mobility care needs.

Care plans were not reviewed or updated when a resident's condition changed. For example, the care plan of a resident whose general condition had deteriorated had not been updated to reflect a significant increase in their care needs. Consequently, the care plan did not reflect the nursing and medical interventions required to support their needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP), and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents has the opportunity to to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

Residents told inspectors they had a choice about how they spend their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Roseville House Nursing Home OSV-0000427

Inspection ID: MON-0042626

Date of inspection: 07/02/2024

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We are currently reviewing our Rosters. Our Staffing Levels are assessed Weekly by the PIC. We have recruited additional awaiting to complete RCSI exams. We will start to roster the additional Nursing Hours at night. This will increase the supervision. Evening and Twilight shifts have been adjusted to better accommodate Residents.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Daily walk around by CNM or Snr Nurse to ensure nothing is left in Communal bathrooms, removal of same is discussed daily at handover and at staff meetings. PIC to monitor residents' files to ensure that all appropriate assessments are updated following any change in resident's condition. Quarterly assessments and care plans completed by a named nurse, this is monitored using in house audit tool and action plans developed as required.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Following completion of audits to monitor that the service provided is safe, appropriate and consistent the PIC will ensure that action plans are developed with a timeline and implemented for all audits completed. The action plans will be reviewed at Monthly management meetings by management and Registered Provider.

Risk register will be reviewed by PIC, ensuring all controls will be documented and implemented to reduce the risks. Risks will be discussed at staff meetings, residents meetings and monthly management meetings with Provider

The PIC will continue to foster a culture in the nursing home where all forms of feedback are welcomed and will ensure that all complaints and concerns are taken seriously, reported, recorded, addressed and resolved to the satisfaction of the complainant. Together with the Proprietor the PIC will review complaints, implement corrective actions, ensuring that lessons are learned and appropriate quality improvements established as indicated. Further Training has been provided to nursing staff on complaints management.

Incidents are reviewed twice weekly by the PIC to ensure all appropriate actions have been completed following an incident, this will include reassessment after a fall and notification to HIQA if required. Incidents will be presented to staff quarterly to identify any trends, measures will be put in place to counteract these. Incidents are discussed at staff meetings and monthly management meetings.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Improved documentation of complaints to ensure all investigations are entered and a record that resident has been responded to in writing.
All issues raised in residents survey to be logged as complaints, investigated and responded to.
The PIC will continue to foster a culture in the nursing home where all forms of feedback are welcomed and will ensure that all complaints and concerns are taken seriously, reported, recorded, addressed and resolved to the satisfaction of the complainant. Together with the Proprietor the PIC will review complaints, implement corrective actions, ensuring that lessons are learned and appropriate quality improvements established as indicated. Further Training has be provided to nursing staff on complaints management.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Flooring had been identified prior to the inspection and a plan was in place for upgrade, this will go ahead as scheduled.
A painting program of resident's rooms was underway at the time of inspection and is continuing.
An external storage area already contained within the Red line had been de-cluttered to enable linen to be stored in a more appropriate area.
A lock has been installed on the communal toilet and on the resident's room door that leads to the toilet

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
Residents guide has been updated.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
We had 2 additional Clinical Hand Wash sinks on site awaiting instillation. Same will be installed once plumber is available.

Cleaning Room outside has been decluttered and now available for use.

A review of all storage areas has taken place to ensure areas designated for residents is not been used for storage.
The PIC will complete daily walk arounds to ensure that there is no inappropriate storage of equipment and equipment is returned to designated areas after usage.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Oxygen cylinders have been removed from the building to outside locked storage area for Oxygen cylinders. Keys for locked area upstairs will now be on the Nurses Key ring. PIC will ensure daily monitoring of escape routes and recording of the same. Since the inspection and first response a New L1 fire panel has been installed in the premises. All obsolete documentation has been removed.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All care plans have been updated, the PIC will continue to monitor care plans using carplan auditing tool.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2024
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	30/08/2024
Regulation 20(2)(c)	A guide prepared under paragraph	Substantially Compliant	Yellow	11/03/2024

	(a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.			
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	11/03/2024
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	30/08/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	11/03/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in	Substantially Compliant	Yellow	11/03/2024

	the designated centre.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	11/03/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	11/03/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	11/03/2024

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			