



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

Issued by the Chief Inspector

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| Name of designated centre: | Abbot Close Nursing Home |
| Name of provider: | Abbot Close Nursing Home Ltd |
| Address of centre: | St. Marys Terrace, Askeaton, Limerick |
| Type of inspection: | Unannounced |
| Date of inspection: | 30 January 2023 |
| Centre ID: | OSV-0004682 |
| Fieldwork ID: | MON-0038559 |

About the designated centre

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

Abbott Close Nursing Home is part of the Windmill group of nursing homes. It is a purpose built nursing home which opened in 2006 and is registered to provide care to 65 residents. It has 47 single bedrooms and nine twin bedrooms, all of which are en-suite. The centre includes spacious dining facilities, lounge areas and gardens. There is a dedicated dementia specific wing, with its own dining and lounge facilities as well as an enclosed private garden and walkway.

Abbott Close Nursing Home provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The aims and objectives of care, as set out in the statement of purpose, are to provide quality care for all the residents and to ensure all services are delivered to the highest standard. The ethos of care is to promote residents' dignity, individuality and independence and to assist residents to maintain their goals and objectives. The centre aims to ensure that residents are nurtured and cared for in a warm, safe, friendly and homely environment.

The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 59 |
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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 |
|------------------------|----------------------|-----------|------|
| Monday 30 January 2023 | 09:00hrs to 18:45hrs | Sean Ryan | Lead |

What residents told us and what inspectors observed

Residents living in Abbott Close Nursing Home told the inspector that this was a good place to live. Residents told the inspector that they had established positive relationships with staff whom they had come to know well and this made them feel safe living in the centre. Residents were complimentary with regard to the care they received and gave examples of how staff ensured that they were supported to maintain their independence while providing them with care and support that was described as kind and respectful.

The inspector was met by the nurse management team on arrival at the centre. Following an introductory meeting with the person in charge, the inspector walked through the centre and met with residents and staff. The inspector observed that the environment was calm, relaxed and welcoming. Care was observed to be delivered in an unhurried manner. The inspector observed that staff spent time engaging with residents and overheard polite conversation throughout the morning while staff assisted residents with their care needs.

The inspector met with a large number of residents during the walk around the centre and spoke with ten residents in more detail about their experience of living in the centre. Some residents were unable to articulate their experience of the quality of the service. The inspector observed that those residents appeared comfortable and relaxed in the company of staff and in their environment. Residents that spoke with the inspector gave positive feedback with regard to the quality and quantity of food they received, the activities schedule and the availability of staff to assist them with their needs. Residents told the inspector that they felt staff were 'not rushed or under pressure' and had time to sit and chat with them. Residents confirmed that they could exercise choice over their daily routine, including when to get up in the morning, the clothes to wear and whether or not they wished to partake in the activities scheduled each day.

Residents were observed to enjoy a variety of communal areas located on the ground floor of the premises. Residents on the first floor accessed the ground floor dining room and communal areas through a passenger lift. Communal areas were observed to be large, spacious, and contained comfortable furnishings for residents. Residents were observed to spend most of their day in the ground floor day room and the main lobby that was observed to be a hub of activity. Residents told the inspector that they enjoyed spending time in those area as they could chat to staff near the nurse's station and also meet visitors. This space had natural lighting for residents and access to an enclosed patio courtyard through double doors. However, the inspector observed that the enclosed garden courtyard areas were not well maintained. These areas were observed to be used to store items inappropriately such as wooden planks and a door awaiting removal. The inspector observed that the provider had improved the quality of some areas of the premises through a scheduled programme of redecoration of bedrooms and replacement of floor coverings in some communal areas. Decorators were observed on-site during the

inspection painting bedrooms. However, the inspector observed that some bedrooms identified on the previous inspection that required maintenance and redecoration had not had remedial works progressed. Floor coverings, walls and paint work remained in a poor state of repair in some bedrooms and en-suites. The inspector was informed that delays in securing materials had impacted on the time line for completion of those works.

In the Abbey unit, the centre's specific dementia care unit, residents were observed to enjoy a calm and relaxed atmosphere. Meaningful activities were provided to residents throughout the day and some residents were observed attending scheduled activities in the other areas of the centre. Residents in the Abbey unit could freely access a secure enclosed garden. Some residents used the garden area to smoke and there was a fire extinguisher located proximal to the door entering the garden. The inspector observed that some fire doors in this area contained gaps and were damaged at their base.

The dining experience was observed to be a pleasant and social experience for residents. Meals were observed to be freshly prepared and served to residents based on their choice and dietary needs. Residents spoke very positively with regard to the quality of food in the centre. Staff were observed to provide assistance to residents sensitively while supporting resident's independence. Residents were observed to be engaging with one another and enjoying the company of staff and other residents.

Throughout the day, residents were observed to be engaged in a variety of activities that included pottery classes in the reception area during the morning. Residents were observed discussing the daily news headlines with staff, watching mass or listening to music in a variety of communal areas. Some residents chose to remain in their bedroom and were observed watching movies on their television. Staff were observed frequently checking on residents in their bedrooms to ensure they were comfortable and offering tea and snacks. Residents told the inspector that they were supported to leave the centre with their families to go to the local shops or to go out for dinner. Residents were observed to be appropriately supervised in communal areas and staff were observed to be attentive to residents needs and provided snacks and refreshments at the residents request.

The inspector observed that visiting was facilitated, and there was a high level of visitor activity during the course of the inspection. Visitors were observed to meet with residents in the various communal rooms and in their bedrooms. Visitors spoken with by the inspector were complimentary of the care provided to residents and confirmed that there was no restrictions to visiting.

The following sections of this report detail the findings in relation to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also reviewed the action taken by the provider to address the issues identified on the last inspection of the centre in February 2022.

The findings of this inspection were that the centre had an effective management structure, where lines of accountability and authority were clearly defined to ensure effective oversight of the quality and safety of the service. While the provider had taken action to ensure staff were appropriately trained, the directory of residents was accurately maintained and activities were accessible to all residents, the actions taken to comply with Regulation 17, Premises and Regulation 28, Fire precautions were not sufficient to achieve full regulatory compliance. Additionally, action was required to comply with Regulation 24, Contracts for the provision of services and Regulation 5, Individual assessments and care plan.

Abbott Close Nursing Home Ltd is the registered provider of Abbot Close Nursing Home. The directors of the company are involved in the operation of a number of other designated centres for older persons throughout the country. The provider had an established and clear governance structure in place to manage the centre. The senior management team consisted of a representative of the company directors and a quality manager, both of whom provided governance oversight and support to the person in charge. Within the centre, the nursing management team consisted of the person in charge, supported by two assistant directors of nursing and clinical nurse managers.

There were effective management systems in place to monitor, evaluate and improve the quality and safety of the service for residents. This included weekly monitoring of key quality of care indicators such as the prevalence of wounds, incidence of falls and monitoring residents nutritional status. A comprehensive audit schedule was in place for 2023. The inspector reviewed a sample of completed clinical and environmental audits from 2022 that included audits of falls management, restrictive practices, record keeping and infection prevention and control. The inspector found that quality improvement action plans were developed following audit findings and there were effective systems in place to communicate quality improvement action plans to staff in their relevant department. This ensured that the required improvement actions were implemented.

Risk management systems were informed by the centre's risk management policy. This included systems to identify, record and respond to risks that may impact on the safety and welfare of residents living in the centre. A risk register was established and included all known risks in the centre and the controls in place to mitigate the risk of harm to residents. The inspector found that the provider was proactive in identifying potential risks to residents. For example, the provider had completed a fire safety risk assessment in May 2022. Risks specific to fire safety had been updated into the centre's risk register. This included the risk associated with the impaired integrity of fire doors and risk controls in place such as daily fire door

checks while awaiting repair and replacement of some fire doors.

Record keeping systems ensured that records required by the regulations were securely stored, easily retrieved and accessible. A sample of staff personnel files reviewed were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to commencement of employment.

The centre was adequately staffed on the day of inspection with an appropriate skill mix of staff. An appropriate number of nursing staff supervised the delivery of person-centred care and support to residents by a team of healthcare staff. The service was supported by an adequate number of housekeeping, laundry, activities, catering, administration and maintenance staff.

There were appropriate systems in place to ensure staff were trained and supervised. A review of staff training records found that all staff had completed mandatory training. A training schedule for 2023 had been developed and detailed the courses that would be provided to staff on a monthly basis to support their professional development. There were arrangements in place to assess the knowledge of staff on key aspects of the service such as fire safety through facilitating staff to participate in scheduled fire evacuation drills. Arrangements were in place to support and supervise staff through senior management presence.

The registered provider had written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations. Policies and procedure were found to be updated following changes in best practice guidelines. For example, policies reflected updated guidance on the management of outbreaks of COVID-19, Influenza and respiratory infections.

Residents were provided with a contract of care on admission to the centre that detailed the terms on which the resident shall reside in the centre. However, services not covered by the nursing home support scheme, for which there was an additional weekly charge to residents, were not listed in a sample of contracts of care reviewed by the inspector, which is a regulatory requirement.

There was an established complaints management system in place and the service was responsive to the receipt and resolution of complaints. Comprehensive records of complaints were maintained in line with the requirements of the regulations. A review of the complaints register evidenced that all complaints were appropriately managed and were used to inform quality improvement initiatives in the quality and safety of care provided to residents.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose. There were

satisfactory levels of healthcare staff on duty to support nursing staff. The staffing compliment included laundry, catering, activities staff and administration staff. There was adequate levels of staff allocated to cleaning of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training in safeguarding of vulnerable people, fire safety and manual handling. Staff had also completed training relevant to infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence and through formal induction and performance review processes.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

The inspectors reviewed a sample of four staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The centre had adequate resources to deliver care to residents in line with the centres statement of purpose and function.

The registered provider had an established governance and management structure in place where lines of accountability and responsibility were clearly defined. This structure supported the management systems in place to monitor, evaluate and improve the quality of the service provided to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of seven contracts and found that three of the contracts of care did not detail the fees for any other services of which the residents may choose to avail of but is not included in the Nursing Home Support Scheme. For example, the contracts did not detail the additional service charge being charged to some residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifiable events as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints.

A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant and the satisfaction of the complainant recorded.

There was evidence that complaints were analysed for areas of quality improvement

and the learning was shared with the staff.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as outlined in Schedule 5 of the regulations were available, accessible to all staff and were specific to the centre.

The policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information and up-to-date guidance.

Judgment: Compliant

Quality and safety

Overall, residents health and social care needs were maintained by a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to healthcare and reported feeling safe and content living in the centre. Nonetheless, action was required with regard to the premises and fire precautions to ensure residents safety and welfare was maintained. While residents were observed to receive safe and quality care from staff, action was required to ensure residents individual assessments and care plan were reflective of, and guided, the appropriate care of the residents received.

The inspector reviewed a sample of assessments and care plans and while there was evidence that residents' needs were being assessed using validated assessment tools, some care plans reviewed did not reflect person-centred guidance on the current care needs of the residents. While the inspector acknowledged that the needs of the residents were known to the staff, the care plans did not provide adequate information to guide appropriate care of the residents. This is discussed further under Regulation 5, Individual assessment and care plans.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their healthcare needs and residents had access to their GP as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment. The recommendations of health and social care professionals was observed to be implemented and reviewed frequently to ensure the care plan was effective.

Arrangements were in place for the assessment and monitoring of residents nutritional care and support needs. Residents were provided with adequate quantities of food and drinks and staff were available to provide discreet assistance and support to residents. The inspector found that the recommendations of dietitian and speech and language professionals were implemented and reviewed to ensure best outcomes for residents.

The service provide compassionate end-of-life care to residents. The inspector observed that, where possible, residents approaching end-of-life, were provided with privacy with their families in single room accommodation. Arrangements were in place for staff to access the specialist palliative care services to ensure resident's received appropriate care and support during their end of life care.

The person in charge was actively promoting a restraint-free environment and the use of bedrails in the centre had been eliminated through the implementation of alternative, less restrictive, measures. The person in charge monitored the use of restrictive practices to ensure they were only initiated after an appropriate risk assessment and in consultation with the multidisciplinary team and the residents concerned.

The provider supported eight residents to manage their pensions and a number of residents were supported to manage their social welfare and disability payments. At the time of the inspection, residents payments were managed through the providers company account. However, resident's client accounts had been established and were ready to accept the residents payments from February 2023 onwards, in line with the Department of Social Protection guidelines

A review of fire precautions in the centre found that records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were available for review. Arrangements were in place to conduct daily checks to ensure means of escape were unobstructed and weekly checks were completed on the integrity of fire doors. Residents personal emergency evacuation plans (PEEP) were located in each resident's bedroom to support the timely and safe evacuation of residents based on their assessed mobility needs. The provider had taken a proactive approach to fire precautions and fire safety in the centre. The provider had sought expertise from an external fire consultant and the findings highlighted that the integrity of some fire doors were compromised. The inspector acknowledged that the provider was in communication with construction personnel to commence works to repair fire doors and a date for completion will be provided through the compliance plan response.

The provider had taken some action to improve the quality and safety of the premises since the previous inspection. This included replacing the floor covering in the main dining room and redecorating communal areas and residents' bedroom accommodation. However, the inspector observed areas of the premises that were in a poor state of repair. This included damaged floor coverings in residents' bedroom accommodation and en suite facilities, bedroom walls in a poor state of repair where plasterboard was exposed and paint was chipped. Further findings are

described under Regulation 17, Premises.

Action had been taken to ensure a varied and inclusive activity schedule was accessible to all residents in the centre. Residents were engaged in activities on a daily basis and residents confirmed to the inspector that they were satisfied with the activities programme. The inspector found that residents were free to exercise choice in how to spend their day. Residents were consulted about their care needs and about the overall quality of the service. Residents were provided with access to independent advocacy services. The centre was home to a number of residents who were under the age of 65. Those residents were supported by the management team to access the services of social workers and personal assistants in addition to supporting residents that wished to avail of independent and supported living in the community.

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

Regulation 11: Visits

There were arrangements in place for residents to receive their visitors in the designated centre. Visiting for residents was encouraged with appropriate practical precautions to manage the risk of infection.

Residents and visitors expressed their satisfaction with visiting arrangements in the centre that were described as non restrictive.

Judgment: Compliant

Regulation 13: End of life

Resident's end of life care needs and wishes were assessed on admission to the centre and reviewed as part of the overall care plan review process, at intervals not exceeding four months.

End of life care plans were developed following a holistic assessment of the resident's physical, emotional, social, psychological and spiritual care needs.

There was documentary evidence of the decision making process regarding residents advanced care plans and evidence that the resident's wishes in this regard were respected.

Judgment: Compliant

Regulation 17: Premises

There were areas of the premises that were not maintained in a satisfactory state of repair as required by Schedule 6 of the regulations. For example;

- The external secured gardens were poorly maintained. The paths were not well maintained with moss and weeds growing up through them. The areas were also untidy and used to store materials inappropriately. This presented a falls risk to residents.
- Floor coverings in a number of residents accommodation areas were in a poor state of repair in both bedrooms and en-suites. Consequently, this impacted on effective cleaning and some en-suites were malodorous as a result.
- Bedrooms walls were not maintained in a satisfactory state of repair. For example, walls had chipped paint and exposed plasterboard where partial repairs had been made.
- Some equipment used by residents was not maintained in a satisfactory state of repair. For example, wheel castors on shower chairs and commodes were observed to rusted.
- Sluicing facilities were not appropriately maintained. For example, the hand hygiene sink in one sluice room was not functioning and there was a leak from a drain pipe in another sluice room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request.

Daily menus were displayed in suitable formats and in appropriate locations so that residents knew what was available at mealtimes.

There was adequate numbers of staff available to assist residents with their meals. Assistance was offered discreetly, sensitively and individually.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services to ensure best outcomes for residents.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the action taken to date by the provider, further action was required by the provider to comply with Regulation 28, Fire precautions, and to ensure effective fire containment measures were in place to protect residents from the risk of fire.

For example, a number of fire doors identified in a fire safety risk assessment had unacceptable gaps that compromised the function of the fire doors to contain smoke and protect residents in the event of a fire emergency.

Areas used by residents for the purpose of smoking did not have appropriate fire precautions in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of the residents assessments and care plans found that care plans had not been reviewed following a change in a residents health status or assessed need as required under Regulation 5. For example,

- Residents identified as at risk of malnutrition were not identified as such within their nutritional care plan. The interventions in place to support the residents were not detailed in the residents care plan and therefore the effectiveness of the interventions could not be measured.
- Residents identified as at risk of impaired skin integrity and at risk of developing pressure related wounds did not have a corresponding care plan in place to guide the care to be provided.
- Some care plans had not been completed within the time frame specified in the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to general practitioners (GP), geriatrician and psychiatry of later life specialists. Services such as speech and language therapy and dietetics were available when required. Physiotherapy services were provided on a weekly basis. The inspector found that recommendations were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents rights were upheld in the centre and their privacy and dignity was respected.

Residents were consulted for their feedback on the quality and safety of the service. There was evidence that issues arising in, for example, residents forum meetings were appropriately actioned. This included requested changes to the activity schedule, menu, visiting and the overall quality of the service they received.

Residents were provided with meaningful activities seven days per week. Records captured each residents involvement and level of participation in scheduled activities.

Residents were supported to exercise their religious beliefs and were facilitated to attend religious services in both the centre and in their community.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | 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 Abbot Close Nursing Home OSV-0004682

Inspection ID: MON-0038559

Date of inspection: 30/01/2023

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 24: Contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • After the inspection all residents' contracts have been reviewed and updated, including additional service charge being charged. | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A painting and decorating contractor has been engaged and work has commenced on painting and decorating throughout the care centre. This will include painting residents' bedrooms and en-suites. Date: 31/05/23 • The PIC and the Registered Provider will implement a repairs schedule to include the floor coverings. Flooring repairs will be completed in resident' rooms and en-suites, and areas throughout the home that require attention. Date: 31/08/23 • We will implement a scheduled programme of works to improve the maintenance of external secured gardens, including paths. Date: 31/03/23 • Wooden planks and a door have been removed from the enclosed garden. • The Centre's ongoing refurbishment plan includes maintenance of shower chairs and commodes. The PIC will remove any items that are no longer fit for purpose and ensure that they are replaced with new products as required. Date: 31/05/23 • The functionality of a hand hygiene sink in a sluice room will be repaired. Date: 31/03/23 • The leak from a drain pipe in a sluice room has been repaired. | |

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| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • By 31/08/23 any gaps identified in a fire safety risk assessment which compromises the function of the fire doors will be addressed. • Smoking areas used by residents have appropriate fire precautions in place, completed. | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • By 28th February 2023, all care plans have been reviewed and updated to comply within the time frame specified in the regulations. All care plans will be reviewed at intervals not less than 4 monthly, or as indicated by the resident's condition or circumstances. These care plan reviews will consider all aspects of the residents' physical and mental wellbeing, personal and social care needs and any supports required to meet those needs, as identified by initial and ongoing assessment. • The PIC, supported by the nursing management team, will continue to monitor the quality of the residents' individual assessments and care plans, ensuring that they accurately reflect each resident's assessed care needs and preferences, and that they are reviewed and updated as required. • Following the use of validated assessment tools, care plans will be prepared in consultation with residents and/or their designated representative, and a record of consultation will be documented in the electronic care file. • The PIC and ADON will provide clinical oversight to ensure that all residents' assessments and care plans have been completed and are individualised and person centred. They will ensure that the assessment informs the plan of care and considers the resident's current medical, health and lifestyle status, including risk of malnutrition and impaired skin integrity. | |

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/08/2023 |
| Regulation 24(2)(d) | The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health | Substantially Compliant | Yellow | 01/02/2023 |

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|-------------------------|---|-------------------------|--------|------------|
| | entitlement. | | | |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Substantially Compliant | Yellow | 31/07/2023 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 31/07/2023 |
| 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 | 28/02/2023 |
| 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 | 28/02/2023 |