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:	Cratloe Nursing Home
Name of provider:	Cosgrave Nursing Consultancy Limited
Address of centre:	Gallows Hill, Cratloe, Clare
Type of inspection:	Unannounced
Date of inspection:	24 July 2024
Centre ID:	OSV-0005393
Fieldwork ID:	MON-0041596

About the designated centre

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

Cratloe nursing home was originally built as a domestic dwelling which had been extended and adapted over the years to meet the needs of residents. It is located in a rural area on the outskirts of the village of Cratloe in Co. Clare. It is split level building and it accommodates up to 32 residents. Accommodation for residents is provided on both levels with a lift provided between floors. It provides 24-hour nursing care to both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors rooms as well as an enclosed garden courtyard area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

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 24 July 2024	10:00hrs to 18:00hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life, supported by a team of staff who were kind and caring. Resident feedback in relation to the staff team was generally positive, and they were described by one resident as 'fantastic'. The majority of residents said that they felt safe in centre. However, several residents described the challenges of living with other residents who had complex needs, and how this experience impacted on their quality of life in the centre.

Following an introductory meeting with the person in charge, the inspector walked through the centre, giving an opportunity to meet with residents and staff, and to observe the residents lived experience in their home environment. The inspector noted that the many residents were relaxing in the communal sitting room on the first floor of the centre, and others were being assisted with their personal care needs.

Located in the rural village of Cratloe, Co.Clare, the designated centre is registered to provide respite care and long-term care for both male and female adults with a range of dependencies and needs. The centre is a purpose built, split-level building, with stairs and passenger lift access between floors. There were 29 residents living in the centre on the day of inspection.

Resident bedroom accommodation consisted of 14 single and nine twin bedrooms laid out over both floors of the designated centre. The inspector observed that resident bedrooms were generally clean and some were personalised with items of significance, such as family photographs, ornaments and soft furnishings. There were a variety of communal rooms available for resident use on the first floor, including a dining room, a sitting room and a snug. A visitors room which contained a small library area was located adjacent to the reception area on the ground floor. The inspector noted that the majority of residents spent their day in the communal sitting room on the first floor, and some residents chose to relax in their bedrooms.

Residents had unrestricted access to a enclosed courtyard which contained seating and tables for resident use. The inspector noted that this area was well-maintained and contained colourful hanging baskets and planters. The inspector spoke with one resident who was eager to show the gladiolus plants and carrots that they had grown. The resident told the inspector that they assisted staff with maintaining plants throughout the centre, and it was evident they enjoyed this activity. One resident remarked that the courtyard would benefit from the provision of a pergola for shelter, however residents' were generally very satisfied with this area.

The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to maintain residents' safety and independence. On the walk around the centre, the inspector noted that maintenance work was ongoing, and it was evident the provider was committed to

addressing the findings of the previous inspections in relation to the premises, infection control precautions and fire safety. The inspector heard positive comments from residents about the physical improvements made to the centre, such as, 'the place is looking great'.

For the most part, residents' feedback was that they felt safe in the centre. However, a number of residents described the challenges of living with other residents who had enhanced supervision needs. Some residents living in the centre were known to display varying levels of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector spoke with several residents who described having negative experiences, when their personal space and safety was impacted by the behaviours of residents with complex care needs. Some residents told the inspector they believed that improved support and supervision of residents with complex care needs was required. Although there was a system in place for providing feedback on the quality of the service, the inspector noted that concerns which residents' stated they had raised to staff, were not always documented.

There was a programme of activities in place and several residents told the inspector that they really enjoyed the bingo activity and exercises classes. Feedback from some residents was that they would like to have a greater variety of activities. Several residents informed the inspector that they would like a new selection of books to read.

There was a dining room located on the first floor of the centre and a choice of menu was displayed. Resident feedback was positive in relation to the quality of food, which was described as 'lovely'. Several residents informed the inspector that alternatives to the menus were available, if requested.

The inspector observed the staff interacting with residents during the inspection. Residents were seen to be relaxed and comfortable in their company. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Staff were observed to respond promptly to residents' needs.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 and to follow up on the unsolicited information received, relating to the safeguarding of residents. The inspector found that, although there was a well-established management team with in place, the management systems were not always utilised effectively, to identify, reduce or eliminate potential safeguarding risks in the centre. The inspector also reviewed the actions taken by the provider to address issues of non-compliance identified during the previous inspection in February 2024, and while some action had been taken, training and development, governance and management, contracts for the provision of services and notification of incidents, did not meet the requirements of the regulations.

The registered provider of Cratloe Nursing Home is Cosgrave Nursing Consultancy Limited. There are two company directors, one of whom represents the provider entity. Both directors are actively involved in the management of the centre. They support the person in charge with the clinical management of the centre and deputised in their absence. A clinical nurse manager, and a team of nurses, care assistants, activity, catering, house-keeping and maintenance staff made up the staffing compliment. A facilities manager was employed in the centre, to manage the laundry, house-keeping, maintenance and catering teams. They also supported the person in charge with the provision of staff training and human resource management.

There were 29 residents accommodated in the centre. The inspectors observations were that staffing levels on the day of the inspection were sufficient to meet the assessed needs of residents.

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had access to additional training to inform their practice, such as infection prevention and control, and training in the management of responsive behaviours. However, the inspector found that staff were not appropriately trained to care for residents with complex care and enhanced supervision needs. Furthermore, there was incomplete and ineffective recording, reporting and escalating of some safeguarding concerns. This is detailed further under Regulation 8: Protection.

There was a quality management system in place which included an audit system to monitor the service delivery. Clinical and operational audits were undertaken by the provider and management team in areas such as information governance, care planning and infection control. Clinical key performance indicators (KPIs) were recorded to provide an overview of the frequency of infections, wounds, pain management and restrictive practices. Data obtained from audits was used to inform a quarterly governance report which was escalated to a clinical governance committee. However, the inspector noted that oversight of incidents of responsive behaviours and resident safeguarding was not robust. For example, episodes of responsive behaviours were not recorded in the clinical indicator tool for the month of June 2024, which did not align with several resident records for that period. Furthermore, although a risk assessment for the management of safeguarding was

entered into the centres risk register, records demonstrated that the risk assessment was not regularly reviewed. This did not provide assurance that a formal review of effectiveness of the control measures in place to mitigate safeguarding risks was undertaken after adverse incidents occurred, in order to ensure resident safety.

The provider had arrangements for recording accidents and incidents involving residents in the centre, however records demonstrated that several potential safeguarding incidents that had occurred in the centre were not notified to the Chief Inspector, as required by the regulations. This is discussed under Regulation 31: Notification of incidents.

A review of the contracts for the provision of care found that accommodation provided to some residents, did not reflect the terms of the contract relating to the bedroom to be provided to the resident, and the number of occupants of that bedroom.

There was a policy in place for the management of complaints, however a review of the complaints records found that complaints were not always managed in line with the requirements of Regulation 34. The inspector found a number of incidents of concern that had been brought to the attention of the care team that were not logged as a complaint. Furthermore, the inspector found that expressions of dissatisfaction with aspects of the service were not always escalated to the management team.

Staff personnel 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.

Regulation 15: Staffing

There was sufficient staff on duty, with appropriate skill mix, to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Although some training was provided, the inspector found that staff did not have appropriate training to respond to and support residents presenting with enhanced care needs and complex behaviours. Records showed incidents had occurred whereby residents that had presented with responsive behaviours were not appropriately supervised.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place did not ensure that the service was safe and consistent. This was evidenced by:

- The system in place in relation to the assessment and management of residents with complex care needs did not ensure that the service was safe and effectively monitored at all times. For example, the inspector found that a comprehensive assessment of need was not completed for some residents with complex care needs prior to their admission to the centre. This meant that the resources and care required to meet the needs of these residents was not always in place.
- The oversight and management of risk was not robust. For example, high risks within the centre, such as safeguarding, were not monitored effectively.
- Management systems had failed to identify the regulatory requirement to notify the Office of the Chief Inspector of several potential incidents, as set out in Schedule 4.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care were reviewed and found that the terms relating to the admission of a resident to the centre, including terms relating to the bedroom to be provided and the number of occupants of that bedroom were not clearly described, as required by Regulation 24(b). This is a repeated finding.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge did not submit all required notifications to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centres' complaints policy and procedure was not revised to reflect the amendments to the regulations that had come into effect in March 2023 (S.I. 628 of 2022). For example, the complaints procedure policy did not clearly outline the time-frame for the complaint decision review process.

Daily nursing records demonstrated that a complaint had been made, however, there was no record of the investigation of the complaint, or the satisfaction of the complainant.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents were looked after by a caring staff team, and residents were generally content with the service they received. However, this inspection found that the clinical assessment process, in place to ensure the physical and psychosocial care needs of residents' were adequately met, was not robust. Furthermore, the measures in place to safeguard residents were not effective to ensure a good quality of life and safety of residents who lived in the centre.

The provider had implemented some systems to safeguard residents from abuse. There was a safeguarding policy in place and staff were facilitated to attend safeguarding training. However, the safeguarding processes that were in place were not robust. Records demonstrated that concerns in relation to the protection of residents were not always escalated to management, investigated thoroughly and followed up appropriately. This is detailed further under Regulation 8: Protection.

An electronic nursing documentation system was in place. Residents care and support needs were assessed using validated assessment tools that informed the development of care plans. Care plan reviews were carried out at regular intervals.

Residents medical care and records demonstrated that referral systems were in place for residents to access allied health and social care professionals, such as dietitians, tissue viability specialists, and speech and language therapists, for additional support and expertise.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' bedroom accommodation was individually personalised. A programme of maintenance work was underway following previous inspections which had identified concerns in relation to premises, fire safety and infection control. Works completed included the refurbishment of the internal

laundry and sluice room facilities. The reconfiguration of some resident bedrooms was completed, to optimise space and improve access to resident storage. An open enclosure in the first floor courtyard, which was identified as a potential hazard on the previous inspection, was covered and the inspector noted that work was underway to address actions identified from an external fire door audit, which the registered provider had commissioned prior to the previous inspection in February 2024.

Residents had access to an independent advocacy service and details regarding this service were advertised on the resident information board, displayed in the reception area of the centre. Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. Residents had access to television, radio, newspapers and books. Religious services and resources were also available.

Visiting was taking place and residents were facilitated to meet with their families and friends in a safe manner.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Care plans contained information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

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

Residents 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 later life, and palliative care.

Judgment: Compliant

Regulation 8: Protection

While the provider had taken steps to protect residents from abuse, including staff training and the provision of a safeguarding policy, a review of records and discussion with residents and staff, demonstrated that several potential safeguarding incidents had not been appropriately reported, documented and investigated. Furthermore, a number of vulnerable residents did not have a safeguarding plan in place. This meant that staff did not have access to appropriate care plans to ensure residents were protected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Cratloe Nursing Home OSV-0005393

Inspection ID: MON-0041596

Date of inspection: 24/07/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Registered Provider & PIC (plus the Senior Nursing Team) will work together and develop a "consensus decision" plan regarding Residents being admitted to the Centre and to assess the appropriate care that can be provided by all the Care Team. Therefore, a pre-assessment will be completed by the PIC or CNM Team to ensure that all Residents being admitted to the center are appropriate for the current skill-mix in situ. Commenced as of 01/08/2024). All Staff working within the Centre complete Induction Training prior to commencing their employment with us or Mandatory Training yearly on the following: • The HIQA National Standards for Adult Safeguarding • HSE Land & Introduction to Children's First • Social Care TV Training on Residents with Responsive Behaviours – providing visual learning cues and • Our P&PD Nurse Consultant visits twice yearly to complete Mandatory Training on Safeguarding & Responsive Behaviours (adding to the learning from the prior mentioned training plan). Our Practice & Professional Development Consultant Nurse last visited in late June 24 and is due again to visit on 28/10/24 to complete further training updates.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The Registered Provider & PIC (plus the Senior Nursing Team) will work together and develop a "consensus decision" plan regarding Residents being admitted to the Centre and to assess the appropriate care that can be provided by all the Care Team. Therefore, a pre-assessment will be completed by the PIC or CNM Team to ensure that all Residents being admitted to the center are appropriate for the current skill-mix in situ. Commenced as of 01/08/2024).
• Risk Management & Risk Assessments have been discussed as agenda items at our Staff Meeting in August 2024, and Risk Management Training with the Nursing Team, Senior Care Team and Facilities Team is planned to take place in Oct 2024. The objective of this training is to demonstrate to all the Senior Team with Responsibility for Resident Care & Safety how control measures in place and which are included within the formal "Risk Assessment" policy folder work and are used to mitigate the risks associated within all care processes that have been identified by the management team.
• And Management Systems re Complaints, Untoward Incidents and Accidents have also been discussed at the Staff Meeting on 12th August 2024, and all Staff are aware of how these areas need to be captured and brought to the attention of the management team, who will assist all team members in documenting an "incident report" on Epiccare, thereafter, management will document as KPI and report the relevant NF to HIQA within the required timeframe.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
• The Registered Provider will take full responsibility that all Residents have the appropriate Contract of Care in place (as required by Regulation 24(b)), as of 01/08/2024.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Following HIQA review on 24th July 2024, two additional NF's 06's has been submitted to the HIQA Portal and the centre is now back up to date with all regulatory notifications required. The new PIC in situ as of 19/08/2024 is aware of their role, duties and

responsibilities in completing notifications to the Chief Inspector within the required timeframe, and as stipulated in Schedule 4 of the Health Act 2007.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
We have reviewed and updated our Complaints Policy in August 2024 to reflect the amendments to the regulations (S.I 628 of 2022) and

All Residents/their Nominated Representative have been spoken with following the HIQA review on 24th July 2024 to ensure there are no outstanding complaints of any kind remaining with the centre. Again, Residents/Family Complaints was an agenda item at our Staff Meeting on 12th Aug 24 and the concerns of the HIQA Inspectors were highlighted and addressed at this meeting. The Nursing Home Complaints Policy has also been updated in Aug 24 line with the new amendments to the regulations and all staff have been asked to read and sign the new policy as they do so.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Firstly, the Registered Provider would like to assure HIQA that it is our duty, role and responsibility to ensure that all Residents living in the centre are safeguarded and protected from any forms of abuse, be that Physical, Sexual, Financial, Psychological or Neglect. Therefore, following the feedback from the HIQA Inspector on 24th July 24 the Management team and the Nursing Team have reflected upon the identified concerns and since implemented the following Action Plan to address the regulators concerns. This Action Plan includes:
• Pre-Assessment Admissions to be completed by the PIC or CNM to ensure Care Centre is appropriate for Resident been admitted.
• The HSE Trust in Care Policy has been made available to all Staff and included in the Appendix of our internal Safeguarding Policy.
• The Nursing Home business has hired an external HR company to update our Employee Handbook which demonstrates all forms of abuse and staffs' responsibility in reporting all forms of abuse to the management team.
• A updated Policy on Safeguarding has been implemented within Care Centre in July 2024
• The Registered Provider has completed the National Safeguarding Office Aduit Tool in August 2024 and the new PIC has completed the Nursing Home (internal) Audit on

Safeguarding in August 2024 as well, and an Action Plan has been developed following both audit reviews and following HIQA Feedback on 31st July 2024.
• The NSO Preliminary Screenings Webinar will be attended by the Senior Nursing & Management Team on 16th September 2024
• The HSE Safeguarding Social Worker has agreed to provide all Staff Training in Cratloe NH, (currently awaiting schedules of dates, but HSE Safeguarding Social worker has assured us that we are on the approved list for in-house training).
• Peer to Peer Resident Care Plans have been implemented with Residents who are at risk of abuse as of July 2024
• All Residents/their Nominated Representative have been spoken with individually by management/HR Team to assess if any additional or new concerns that may have arisen and to inform all how to raise their concerns with the Nursing and Management Team to enable action solutions to be developed and implemented.
• Safeguarding, Abuse and Resident raising any concern was 1st on the Agenda item at the Staff Meeting on 12th Aug 2024, and will form part of all staff meetings from herewith (and which are held on a quarterly/seasonal basis).
• Staff Training & Development commences at induction with all new staff/team members, mandatory training takes in account modules in Safeguarding, Responsive Behaviour, Introduction to Children's First, Fire Safety, Infection Control (including PPE & Hand Hygiene), Manual Handling and depending on which department staff members are assigned to the Training Matrix is developed to suit their roles and responsibilities.
• Each Staff Member is assigned a continues professional folder and staff are to be encouraged to enroll in additional training and development (which is funded by the Nursing Home).
• Our P&PD Consultant Nurse visits twice to complete mandatory (in-house) training and our next mandatory training with the P&PD Nurse Consultant is booked for 28th Oct 2024.
• And our next Resident/Family meeting is planned for 17th September 2024, where Safeguarding and Abuse Concerns will be on the Agenda for management to discuss with all those attending, demonstrating that we takes our duties, roles and responsibilities seriously and to assure everyone that all concerns will be listened to and acted upon as per the HIQA Regulations in association with the Health Care Act 2007.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/10/2024
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	01/08/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the	Substantially Compliant	Yellow	01/08/2024

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	19/08/2024
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	19/08/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the	Substantially Compliant	Yellow	12/08/2024

	receipt of the complaint.			
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.	Substantially Compliant	Yellow	01/08/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	01/08/2024
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	19/08/2024