



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

## Issued by the Chief Inspector

Name of designated centre:	Rivervale Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	Rathnaleen, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 March 2024
Centre ID:	OSV-0005519
Fieldwork ID:	MON-0042965

## About the designated centre

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

Rivervale Nursing Home is a purpose-built single storey nursing home that provides 24-hour nursing care. It is located in a rural area close to the town of Nenagh. It can accommodate up to 43 residents over the age of 18 years including persons with dementia. It is a mixed gender facility catering for low to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining room, day room, smoking room, conservatories, hairdressing room and a landscaped secure garden area. Bedroom accommodation is offered in both single and twin rooms with en-suite bathroom facilities.

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

Number of residents on the date of inspection:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 12 March 2024	09:30hrs to 18:30hrs	John Greaney	Lead
Tuesday 12 March 2024	09:30hrs to 18:30hrs	Mary Veale	Support

## What residents told us and what inspectors observed

Residents living in the centre were complimentary of the staff and stated that they always attended to their needs in a caring and respectful manner. Residents stated that they felt safe and described how staff encouraged them to be as independent as possible.

Inspectors arrived unannounced on the day of the inspection and were met by the assistant director of nursing (ADON). After an opening meeting with the ADON, during which inspectors outlined the proposed inspection process, inspectors were accompanied on a tour of the centre by the ADON.

Inspectors observed that there was a busy atmosphere in the centre during the morning. Staff were observed attending to residents requests for assistance with their morning care in their bedrooms, and engaging with residents in a respectful manner. Residents told inspectors that staff were generally responsive to their requests for assistance. Residents described how staff were prompt to answer their call bells.

Rivervale Nursing Home is designed around a large central atrium with corridors leading to four wings. It is a single storey facility and residents are accommodated in a mixture of single and twin rooms, all of which are en suite with toilet, shower and wash hand basin. Residents' bedrooms are in three wings, namely the East Wing, the West Wing and the Respite Wing. The fourth wing contains a meeting room, laundry, kitchen and other ancillary facilities. The West Wing comprises thirteen single bedrooms, the East Wing has eight single and four twin bedrooms, and the Respite Wing has seven twin rooms. Two of the single rooms in the East Wing had previously been twin rooms but were reduced to single occupancy as they did not meet the regulations in term of minimum size. The provider had built a small room adjacent to each of these two bedrooms with plans to return the occupancy to twin rooms, however, the rooms were still not suitable for two residents.

Overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared clean. Improvements were noted in the premises since the last inspection, most notably in some of the twin rooms. A programme of renovations were underway that involved painting bedrooms and replacing the floor covering. This was being done on a room by room basis as bedrooms became available.

Bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. One of the twin rooms had been redesigned with the support of an interior designer. New bedroom furniture had been purchased and the design of this room gave the impression of a more spacious environment than was previously the case. Other twin rooms had also been reconfigured based on the design of this room with varying degrees of success but all showed an improvement on the previous inspection. There appeared to be

adequate space for residents to store personal belongings in a tidy manner.

Inspectors noted that there were hand gel dispensers and dedicated clinical hand wash sinks readily available to staff along corridors to support hand hygiene at the point of care.

Immediately inside the main entrance, there is a large atrium, off which corridors lead to bedroom accommodation, resident communal areas and ancillary facilities. The walls of the atrium have been painted with murals to mimic a village with facades of a shop, a public house, a post office and a tea room. There is some comfortable seating here for residents to sit and watch people come and go. There is a gallery of photographs on the wall of activities in which residents have partaken recently. There is an information station that contains a copy of the most recent inspection report, statement of purpose and the annual review of quality and safety. These are available for residents and visitors. There was also a complaints notice, however, this needed to be updated to accurately reflect the complaints process and contact details of the complaints officer.

There is a large communal sitting room in which most activities take place. Inspectors observed that a number of resident spend their entire day in this area, having their meals and taking part in activities. Other residents were seen to go to the dining room for their lunch. A second communal room, the Oak Room, was also available to residents. It was found on the previous inspection that this room was predominantly used for storage but all of the equipment stored here had been removed on this inspection.

There is an enclosed outdoor area accessible from a conservatory and from the dining room. Residents had free access to the outdoor space, although it was not used on the day of the inspection due to inclement weather. On previous inspections, this conservatory was used by some residents as a smoking room. Inspectors did not see any residents smoking here on the day of the inspection, however, there was evidence of cigarette ash on the floor indicating that at least one resident continued to smoke here. There is a second conservatory, through which the treatment room is accessed. Inspectors found that while the floor plans reflected that there was a treatment room here, the layout did not correlate with the floor plans. The floor covering in the treatment room was badly stained and was in need of replacement as it could not be effectively cleaned.

There was an activities coordinator working on the day of the inspection and a varied activity schedule was available weekly. This included bingo, flower arranging, arts and crafts, ball games and chair yoga. The centre also provided pet therapy as there was both a cat and a dog in the centre.

Inspectors observed that there was a good level of visitor activity and residents were seen to meet with visitors throughout the day, both in communal areas and in residents' bedrooms. Inspectors spoke with a number of visitors that predominantly spoke positively about their relatives experience in the centre. One visitor told the inspector that "staff are very kind". A second visitor also spoke positively about staff but stated that communication with family members could be improved. A visitor

also stated that assistance for residents at mealtimes could be improved.

Inspectors observed residents during mealtime and found that staff assisted residents in a patient and respectful manner. Food appeared to be nutritious and was attractively presented.

Inspectors observed staff and resident interactions throughout the day and found that staff were familiar with residents and provided care in a respectful manner. Residents with communication support needs were given time a by staff to express their needs. Residents with mobility care needs were attended to by staff in a timely manner. Staff were seen to engage residents in a supportive manner with moving and handling equipment such as hoists and mobility aids such as walking frames.

The next two sections of this report presents findings in relation to the governance and management arrangements in the centre and on how this impacts on the quality and safety of the services provided to residents.

## Capacity and capability

This was an unannounced inspection conducted by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the regulations found on a previous inspection conducted in March 2023. Overall, the inspection found evidence of improvements in some aspects of the service and many of the issues found on the previous inspection were addressed or in the process of being addressed. However, some further actions were required in relation to the clarification of the status of fire safety works, records management, person in charge and complaints management.

The registered provider of Rivervale Nursing Home is Blockstar Ltd., a company comprising three directors. Blockstar Ltd. is also the provider of two other nursing homes. Additionally, some of the directors of Blockstar Ltd. are also involved in operating three other nursing homes. There was a recently appointed regional manager who had oversight of four designated centres. The regional manager reports to the provider entity.

The management structure outlined in the statement of purpose states that the person in charge reports to the regional manager and is supported by an ADON who deputises for the person in charge in their absence. The person in charge had been on extended period of leave and a person meeting the requirements of the regulations had not been appointed in their absence. The Chief Inspector had commenced a process of escalation that involved a cautionary meeting, a warning meeting and the attachment of a restrictive condition to the registration of the centre requiring the provider to appoint a person in charge who meets the requirements of the regulations by 14 March 2024. The condition was due to expire

on the day following this inspection. On the day of the inspection the provider gave assurances that the person in charge had committed to returning from extended leave on 14 March. Subsequent to the inspection, a notification has been received that the person in charge had returned to the centre from extended leave by the date required.

Nursing management were supported in their role by a team of nurses, health care assistants, housekeeping staff, activity staff, catering and maintenance staff. Staffing levels had been enhanced, particularly at night time, following the last inspection. Improved staffing levels had been maintained since the last inspection. Through a review of the roster and the observations of inspectors it was evident that there were adequate numbers and skill mix of staff to meet the needs of the number of residents living in the centre on the day of the inspection.

There was a training and development programme in place for staff and there was a high level of attendance at mandatory training.

There were management systems in place to monitor the quality of care and service provided. There was an audit schedule to support the management team to measure the quality of care provided to residents. Inspectors viewed a sample of clinical audits that included medication management, falls analysis, accidents and incidents, hand hygiene, nutrition and infection control. The provider had also completed an annual review of the quality and safety of care delivered to resident for 2023. While there were action plans associated with the audits, some improvements were required to ensure that they were effectively implemented to drive quality improvement in the designated centre. There was also a need for an action plan for required improvements identified through the annual review. The findings in relation to governance and management are addressed under Regulation 23 Governance and Management in this report.

There was a policy and procedure in place to guide on the management of complaints, however, the policy was in need of updating. The record of complaints viewed by the inspector demonstrated that the management of complaints was not in line with the requirement of Regulation 34: Complaints procedures.

As found on the previous inspection, records were not retained in line with legislation. Records for the previous seven years were not maintained in the centre, with some stored in storage areas outside of the designated centre. Inspectors were shown records dating back to 2017 and catalogued according to year. However, these were not comprehensive with some only containing brief nursing summaries. Findings in relation to records management are discussed under Regulation 21: Records.

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

Action was required to ensure that the floor plans accurately reflected the footprint of the centre. The extensions to Room 12 and 15 were not shown on the floor plans,



and the layout of the laundry and treatment rooms were not accurately reflected in the drawings. Some external storage areas were also not included on the floor plans even though they were used for the day to day storage needs of the centre.

Judgment: Substantially compliant

### Regulation 14: Persons in charge

The provider did not have a person in charge who met the requirements of the regulations in post at the time of the inspection.

This was subsequently addressed by the provider in line with the designated centre's conditions of registration.

Judgment: Not compliant

### Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre. Concerns about staffing at the last inspection had been addressed and there were now four staff on duty at night time. Night time staffing mostly comprised of two nurses and two healthcare assistants but occasionally there was one nurse and three healthcare assistants. An additional healthcare assistant worked until 22:00hrs each evening to ensure those residents who were still up and about at this time received care and support in a timely manner.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a high level of attendance at mandatory training and only a small number of staff were overdue attendance at training on safeguarding of vulnerable adults, fire safety, infection control and manual handling. A training plan was in place to ensure all staff received up to date training.

Judgment: Compliant

## Regulation 21: Records

Schedule 3 and 4 records were not retained for a period of not less than seven years as required by the regulations. The inspectors found that archived records were now catalogued according to the year the record was made. These records were sorted and stored in a storage area that was not part of the designated centre. Furthermore, inspectors found that archiving of records had only recently commenced in the centre and inspectors were informed that older records had been mistakenly destroyed.

Staff files were not in compliance with Schedule 2 of the regulations. Of a sample of four personnel files reviewed, one file contained one reference from a previous employment and there was a gap in the employment history of a second staff member.

Judgment: Not compliant

## Regulation 23: Governance and management

The management structure as set out in the provider's statement of purpose was not in place. There had not been a person in charge who met the regulatory requirements working in the designated centre to oversee the care and welfare of the residents since October 2023.

The management systems in place to provide oversight and effective maintenance of the designated centre were not effective as evidenced by the following;

- the action plans associated with some audits did not always identify who was responsible for the action; were not time bound; and it was not always clear if the action had been completed
- some deficits identified at the last inspection were also present on this inspection, such as non-functioning extractor fans in en suite bathrooms
- there was no time bound action plan associated with the annual review of the quality and safety of care delivered to residents
- confirmation from a suitably qualified person was required that all works associated with the fire safety risk assessment (FSRA) conducted on 01 February 2023 had been completed. A review of the FSRA was due on 05 February 2024 but this had not been completed
- the oversight of Schedule 2 and 3 records did not ensure that the provider was compliant with Regulation 21. This is a repeat finding from the previous inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in the centre, however, there were two complaints notices and neither contained all of the information required for a resident or relative to fully navigate the complaints process. For example:

- one of the notices identified a complaints officer that was on extended leave and therefore not available to investigate complaints. The second notice did not identify a complaints officer
- the complaints policy required updating to reflect the current complaints officer and review process
- complaints records reviewed by the inspectors showed that one complaint warranted a written response by the complaints officer to the complainant and there was no evidence that this had been done
- the complaints officer and review officer had not attended the required training on the management of complaints.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

All policies required under Schedule 5 in the regulations were available for review on the day and had been reviewed within the last three years.

Judgment: Compliant

## Quality and safety

The inspectors found that residents had a reasonably good quality of life living in Rivervale Nursing Home. Residents' health, social care and spiritual needs were well catered for. On this inspection improvements were required in pre admission assessments and care plan reviews to ensure residents received care and support in line with their assessed needs and preferences. In addition improvements were required to ensure the lived environment was safe and comfortable for residents and that resident's rights were upheld y.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care

professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GPs from local practices and the person in charge confirmed that GP's called to the centre. Residents had access to a mobile x-ray service referred by their GP. Residents had access to local dental, optician and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The inspectors observed that the resident's pre-admission assessments were in paper format and the residents' assessments, validated assessment tools, residents' care plans and nursing progress notes were kept on an electronic system. Residents' needs were comprehensively assessed following admission. Resident's assessments were undertaken using a variety of validated tools and holistic care plans were developed following these assessments. There was a good standard of care planning in the centre. In a sample of four nursing notes viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, pressure sores and communication needs. However, further improvements were required to the residents' care plans which is discussed under Regulation 5: individual assessment and care planning.

Improvements were found to the premises following the previous inspection. The smoking room was clean and a portable ventilation unit was available in the room. Improvements were found in storage and the centre had dedicated store rooms. Light fittings were all in working order and there was a supply of hot water throughout the day of inspection. Twin rooms had been mostly reconfigured to provide private spaces for residents. A number of rooms were observed to have new floor covering or repairs to flooring. A schedule of maintenance works was ongoing to replace flooring, and ensuring the centre was consistently maintained to a high standard.

The overall premises were designed and laid out to meet the needs of the residents. The centre was bright, clean and tidy. Corridors were sufficiently wide and with grab rails on both sides. Alcohol hand gel was in date and available in all communal rooms and corridors.

Bedrooms were personalised and residents had ample space for their belongings. The inspectors observed that the twin rooms had privacy curtains, ample storage for their belongings and access to en-suite bathrooms. Overall the premises supported the privacy and comfort of residents. Residents have access to call bells in their bedrooms, en-suite rooms, a bathroom, and toilets. Grab rails were available in all the bathroom, shower rooms and toilets. However; improvements were required to the centre premises which is discussed further in this report under Regulation 17: premises.

Improvements were found in infection prevention and control since the previous inspection. Drains within the en-suite bathrooms were visible clean, hoist slings were labelled, there was a system in place for cleaning lint from the dryer and to ensure that there was detergent in the bed pan washer. The layout of the laundry had been

revised to ensure clean and dirty laundry were separated. Dani- centres were available on all corridors to store personal protective equipment (PPE). Staff were observed to have good hygiene practices. Sufficient housekeeping resources were in place. There was evidence that infection prevention and control (IPC) was discussed at staff meetings in the centre. IPC agenda items included training, actions required from specific IPC audits, for example; hand hygiene and environmental audits. There were records of a hand hygiene, equipment, sharps, antimicrobial and environmental audits. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. The centre had an antimicrobial stewardship register and the person in charge had good over sight of antibiotic usage. There was an up to date IPC policies which included COVID-19 and multi-drug resistant organism (MDRO) infections. The person in charge and assistant director of nursing had undertaken infection prevention control (IPC) link nurse training. Improvements were required in infection prevention and control which is discussed further in this report under Regulation 27.

Improvements were found in fire safety since the previous inspection. Adequate level ground space was observed outside the emergency exit doors in the centre. Outside gravel areas had been reviewed and were replaced with a concrete surface. Emergency lighting had been installed in the outside areas from all the corridors in the centre. The emergency exit door from room 43 had been made wider and a smooth concrete landing had been installed to allow for the smooth evacuation of beds and evacuation aids out of this room and away from the building. Staff had completed fire training in the centre. The centres fire alarm system, emergency lighting and fire extinguishers had been serviced since the previous inspection.

Fire doors were checked on the day of inspection and were in working order. There was evidence that fire drills took place regularly. There was evidence of fire drills taking place in each compartment with night time drills taking place in the centre's largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEPs identified the different evacuation methods applicable to individual residents and supervision required at the assembly area. There was fire evacuation maps displayed throughout the centre, in each compartment and in the residents bedrooms.

Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. On the day of the inspection there were four residents who smoked and detailed smoking risk assessments were available for these residents. A call bell, fire aprons, and fire retardant ash tray were in place in the centre's smoking area. A fire blanket and a fire extinguisher were available at the entrance to the smoking room. However, fire safety procedures required improvement, this is discussed further in the report under Regulation 28: fire precautions.

Residents were actively involved in the organisation of the service. Regular resident

meetings and informal feedback from residents informed the organisation of the service. The residents had access to a SAGE advocate. The advocacy service details and activities planner were displayed in the centre. Inspectors observed that five residents spent a significant amount of their day in the day room. These residents had their meals, partook in activities and had visits from families and friends in the day room. Management were requested to ensure that all residents were supported to experience variation in their day to day experience in accordance with their wishes and preferences.

Residents has access to daily national newspapers, books, televisions, and radio's. Satisfaction surveys showed high rates of satisfaction with all aspects of the service. Mass took place in the centre twice a week. Group activities of chair yoga, flower arranging, and a music event took place on the inspection day.

### Regulation 10: Communication difficulties

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

### Regulation 17: Premises

Actions were required by the provider to ensure compliance with Regulation 17 and Schedule 6:

- a number of mechanical extractor fans in en-suite bathrooms were not working.
- damaged flooring to a number of bedrooms and en-suite entrances required replacement
- a review of the location of the privacy curtains in bedroom 13 was required to ensure that, when the curtain was closed, it provided adequate privacy to the

resident while seated in their chair at the bedside.

Judgment: Substantially compliant

### Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- the inspectors were informed that the contents of urinals and urinary catheters were manually decanted into residents' toilets. This practice could result in an increase environmental contamination and cross infection.
- storage in the centres stores rooms and sluice room required review as items were stored on the floor which posed a high risk of contamination and risk of transmission of infection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required by the provider to ensure that adequate means of escape were in place to protect residents from the risk of fire. For example:

- there was no emergency lighting outside the emergency fire doors to provide sufficient coverage to guide safe escape towards the assembly point.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- a sample of care plans reviewed were not all formally reviewed on a four monthly basis to ensure care was appropriate to the resident's changing needs
- a sample of care plans viewed did not all have documented evidence to support if the resident or their care representative were involved in the review of their care in line with the regulations
- two of the four resident records reviewed by the inspectors did not have a

record of a comprehensive assessment being completed prior to the residents admission to the centre to ensure the designated centre could meet the needs of the resident.

Judgment: Substantially compliant

### Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors found that residents' rights and choices were generally promoted and respected in the centre. Residents had opportunities to participate in meaningful social activities that supported their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions. Residents had access to advocacy services.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially 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 Rivervale Nursing Home OSV-0005519

Inspection ID: MON-0042965

Date of inspection: 12/03/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>The Provider has engaged the services of a suitably qualified engineer who will produce floor plans which accurately reflect the footprint of the centre. This new plan/footprint will reflect the extensions to room 12 and room 15 and will accurately reflect the layout of the laundry and clinical rooms. Any areas, external to the building which are used for storage will also be reflected on the new set of plans. These plans will be completed by 30.6.24</p>	
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Provider is now compliant with a Person in Charge of the centre who meets the requirements of the regulations.</p>	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records:	

The Provider now has a system in place which ensures that Schedule 3 and 4 records are retained for a period of not less than 7 yrs. This system has been in place since 2022. The records are stored in an area which will be reflected in the center's new floor plans (completed by 30.6.24).  
 A review of staff files was completed to ensure that the Provider complies with Schedule 2 of the regulations. This was completed on 3.4.24.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:  
 After the Inspection in October 2023, the Provider changed the extractor fan heads in all extractor fans. A review of all extractor fans following the most recent inspection found that these extractor fan heads were ineffective. The company electrician has sourced new extractor fans and is in the process of installing them. This will be completed by 3.5.24.  
 The Provider is now in compliance with the regulations associated with Schedule 2 and 3. The Fire risk Assessment is currently with the Fire Engineer who has a plan to come and review the home in the coming fortnight. The FRA will be updated by 30.6.24

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  
 The complaints procedure is on display in the home and identifies the complaints officer who is responsible for the investigation of complaints. The centre's complaints policy has been updated to reflect this.  
 The complaints officer attended training on the management of complaints on 27.3.24 and the certificate is stored in her file. The review officer has also received training in the management of complaints.

Regulation 17: Premises	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 17: Premises: An audit of all extractor fans was completed, and the company electrician is in the process replacing them where required. The Provider has sourced a company to repair and replace damaged flooring and works commenced on 26.4.24. Works are expected to be completed by 30.6.24 The Provider immediately rectified the issue with the privacy curtains in room 13 and this has ensured adequate privacy for the associated resident.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The Provider has ensured that all staff are aware of the procedure to decant the contents of urinals and urinary catheter bags into the sluice and not the resident toilet. The Provider directed the maintenance dept to put new shelving in place to ensure that items are stored off the floor. This was completed on 2.4.24.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider has consulted with the company electrician on the provision of emergency lighting outside the emergency fire doors which lead to the assembly point. This lighting was repaired on 3.5.24.</p>	
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: The provider has directed that all care plans when reviewed, demonstrate resident, and/or family consultation. All residents admitted to the facility have a comprehensive preadmission assessment completed prior to admission to ensure that the provider can provide safe, effective person centered care. This improvement is in place with the rolling out of a new</p>	

comprehensive pre admission assessment on 26.4.24.

## 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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	30/06/2024
Regulation 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Orange	14/03/2024
Regulation 17(2)	The registered	Substantially	Yellow	30/06/2024

	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.	Compliant		
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/06/2024
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Not Compliant	Orange	03/04/2024
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	30/06/2024
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	02/04/2024



	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	03/05/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	27/03/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that	Substantially Compliant	Yellow	27/03/2024

	decision, any improvements recommended and details of the review process.			
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	27/03/2024
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	15/03/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Substantially Compliant	Yellow	15/04/2024

	concerned and where appropriate that resident's family.			
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