



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

Issued by the Chief Inspector

Name of designated centre:	TLC Carton
Name of provider:	TLC Spectrum Limited
Address of centre:	Tonlegee Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	23 April 2024
Centre ID:	OSV-0005800
Fieldwork ID:	MON-0043446

About the designated centre

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

TLC Carton is a purpose-built nursing home designed to meet the individual needs of the older person, while facilitating freedom and independence for the more active. TLC Carton is located off the Malahide Road and close to Beaumont Hospital, and can accommodate up to 163 male and female residents over 18 years of age. The building has three storeys consisting of 135 single bedrooms and 14 double/twin bedrooms. Each bedroom has full en-suite facilities, and furniture which includes a television, call bells and a phone. Each floor is serviced by stairwells and passenger lifts and access to outdoors spaces are available on the ground and first floor. TLC Carton provides long term, respite care and stepdown care to meet the health and social needs of people with low, medium, high and maximum dependencies. The centre provides 24-hour nursing care. The provider's aim is to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment that respects the individuality of each resident who chooses to reside in TLC Carton.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	133
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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 23 April 2024	09:15hrs to 17:35hrs	Niamh Moore	Lead
Tuesday 23 April 2024	09:15hrs to 17:35hrs	Aislinn Kenny	Support
Tuesday 23 April 2024	09:15hrs to 17:35hrs	Sheila McKeivitt	Support

What residents told us and what inspectors observed

The general feedback received from residents was that they were happy living within TLC Carton. Residents told inspectors that staff were responsive to their call bells. Relatives spoken with said that staff were kind and caring but there was a lack of staff in the evenings particularly between 7 and 9 pm. They said often there were none to be seen in the corridors. A visitor also told inspectors it can be difficult to leave the centre after 8pm as there are no staff around to open the door. Inspectors observed that there were not enough nursing staff working on the first floor on the day of inspection. Staff nurses were administering medications prescribed for 9am up until 11.50 am. This had a negative impact on residents as they were not receiving their medications in a timely manner and in accordance with the directions of the prescriber.

The centre is registered for 163 residents and was laid out over three floors, reported as the ground, first and second floor. Residents' accommodation was provided on each floor and there were sitting and dining rooms available on each floor. There was additional communal spaces located on each floor including a quiet room on the second floor and an oratory on the ground floor. The centre was generally clean, however there were some areas that required attention such the second floor dining room and inspectors observed unsightly stains on the carpets on the first and second floors that took away from the overall homely appearance.

There were 135 single rooms and 14 twin bedrooms all with en-suite facilities. Bedrooms were seen to be clean and personalised with items such as photographs and ornaments on display. Residents reported to be happy with the cleanliness of their bedrooms. While all bedrooms seen did have secure storage available, inspectors spoke with a number of residents and they said they did not have the key for the lockable drawer in their locker. One resident said that the maintenance person holds on to the key, one relative said they don't leave money with their parent as there is nowhere to secure it.

One resident told inspectors they were going to an appointment to the chiropodist as there was no chiropodist coming into the centre. Inspectors discussed this with management and were told that they were in the process of setting a service level agreement with a new chiropodist. Inspectors were told that this service would be renewed within two weeks.

Residents confirmed that they had a choice at each meal-time. Overall those residents spoken with expressed satisfaction with the food, however some said the bacon served for lunch was salty. Inspectors observed the service of lunch in a number of dining rooms and found that it was not served in a timely manner and the service provided did not promote residents' independence or ensure their rights were upheld. This is further discussed within this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection was conducted following receipt of a representation from the registered provider to a notice of proposed decision to stop admissions to the designated centre until such time that a revised governance and management structure was implemented that resulted in improvements in the care and welfare of residents living in the centre.

Through meeting with residents, spending time observing staff interactions and reviewing documents, inspectors found that overall improvements had been made since the last inspections in December 2023, January 2024 and February 2024. There had been changes to the governance structure in place since the last inspection. This included a new Chief Operating Officer and a new person in charge, both of whom were appointed in April 2024. Notwithstanding this, further action was required to ensure a safe and effective service was consistently provided, especially in respect of staffing, training and development and governance and management.

The person in charge fulfilled the requirements of the regulations. They are a registered nurse with not less than 3 years experience in a management capacity in the health and social care area, and holds a post registration management qualification. They facilitated the inspection and were seen to be well-known to the staff team and residents.

Improvements were seen where there was an actual and planned staff rota in place. Inspectors were told that recruitment was ongoing for posts such as one assistant director of nursing and five health care assistants. These roles were currently being covered through the registered provider's agency and staff team. However, inspectors were not assured that there was a sufficient number and skill-mix of staff to meet the assessed needs of residents.

Inspectors reviewed the training matrix and found that staff had access to and completed training on fire safety, manual handling and infection control. In addition, all nurses had attended training on medication management. The registered provider was also facilitating training on wound management to ensure staff had the appropriate skills and knowledge for their role and the needs of residents with 70 percent of nursing staff having recently attended. Overall, supervision of full-time staff had improved with induction forms completed for new staff, however gaps were seen in the supervision of temporary staff.

Staff records set out under Schedule 2 of the regulations were available for review and were seen to be kept in a manner that was safe and accessible. While overall,

improvements were noted in the information governance of records, further oversight was required as there was a delay in two requested documents being provided. For example, the clinical data gathered for March 2024 and the clinical governance meeting of March 2024 were not provided initially, but subsequently submitted the day following the inspection.

The registered provider had made an application to vary condition 1 of the registration, in respect of changing the designated purpose and function of three rooms. An office space was to become an office for staff not employed by the registered provider. Inspectors reviewed safeguarding measures put in place by the registered provider which included additional keypads installed to ensure access was controlled with no access to residential areas of the nursing home by staff not working within the designated centre. In addition, the treatment room and store room on the ground floor were to be swapped to allow for a clinical hand wash sink be fitted in the treatment room. The inspectors were satisfied that these proposals were appropriate.

While there was evidence of management systems in place such as management meetings, gathering clinical data and auditing, further oversight was required to ensure there was evidence of progression of all required improvements.

The registered provider had completed an annual review of the quality and safety of care delivered to residents for the year 2023 in accordance with the National Standards. There was evidence of consultation with residents and families and a satisfaction survey was completed in October 2023. There was an improvement plan identified for 2024 with actions such as ensuring food is served at appropriate temperatures, the identification of residents who would prefer to have one-to-one activities and enhanced staff training in leadership.

The centre had an up-to-date complaints policy in place, however the procedure displayed in the lift and on the corridor of the 2nd floor did not reflect the current arrangements for reporting a complaint. Inspectors reviewed the complaints log provided on the day of inspection and found that the complaints procedure was not always followed. This is further discussed under the relevant regulation.

Regulation 14: Persons in charge

The person in charge is a registered nurse and holds the appropriate experience and qualifications to meet the requirements of Regulation 14.

Judgment: Compliant

Regulation 15: Staffing

Inspectors were not assured that there was a sufficient number and skill mix of staff available within the designated centre to meet the assessed needs of the 133 residents in accordance with Regulation 5, and the size and layout of the designated centre. For example:

- The registered provider had reduced the waitressing staffing levels within the designated centre. Inspectors were told that there used to be eight waitresses working each day, however on the day of the inspection there were five waitresses working. There was evidence of poor outcomes for residents on the dining experience they received.
- On the morning of the inspection, staffing levels on the first floor were reduced due to short-notice leave. Appropriate contingency arrangements were not in place to ensure this did not impact on the quality of care the residents received. Inspectors observed there was a delay in residents receiving their medicines as outlined under Regulation 6: Health Care.

Judgment: Not compliant

Regulation 16: Training and staff development

Supervision of temporary staff required strengthening. Two temporary staff had not been inducted on the day of the inspection. These staff spoken with were not aware of fire procedures or key information relating to residents.

Judgment: Substantially compliant

Regulation 21: Records

Notwithstanding the improvements noted to record keeping, records of governance meetings and oversight from the month of March 2024 were not easily retrievable on the day of the inspection, as records provided to inspectors only included information from January and February. Information pertaining to March was submitted electronically post the on-site inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure that the designated centre had sufficient resources to ensure the effective delivery of care. While a service level agreement

for a new chiropodist was in progress at the time of the inspection, residents did not have access to a chiropodist as outlined in the provider's statement of purpose. One resident informed inspectors that they had to go out externally to have their chiropody needs met.

While inspectors noted that the registered provider was making progress and had identified areas for improvement, further action was required to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- An audit on wound care had been conducted in February and March 2024. This audit did not identify issues noted with many pressure relieving mattresses not set in accordance to residents' weight as observed on the day of the inspection.
- There was insufficient oversight of the actions identified in compliance plans from previous inspections to ensure these actions were fully progressed and sustained. For example:
 - The registered provider did not ensure that residents that had arrangements in place to receive one-to-one care were provided with this level of care. For example, inspectors observed that the assigned staff member for the resident was seen to assist other residents in the dining room, while the resident was not supervised by staff. This is a repeat finding of the inspection of February 2024.
 - The compliance plan of the February 2024 inspection identified that a revised process was implemented to ensure communication regarding residents' dietary needs is effective with enhanced supervision of the dining experience. This was not seen to occur on the day of the inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had recently been updated to reference changes to management and to reflect proposed changes of room functions in line with the registered provider's application to vary.

Judgment: Compliant

Regulation 34: Complaints procedure

A sample of complaints were reviewed and written responses were not always provided to complainants to include the outcome following the investigation of the complaint.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared a number of written policies and procedures as required under Schedule 5 of the regulations. In line with the compliance plan of the last inspection, the person in charge had commenced a review of staff knowledge and understanding of relevant policies and procedures.

Judgment: Compliant

Quality and safety

Inspectors found that some improvements had been made in relation to the person-centred approach to care delivery. The quality of care and service had improved slightly in some areas such as the management of responsive behaviours, the provision of choice at mealtimes, infection control and the storage of medications. However, a number of other areas fundamental to a high quality service such as healthcare, medicine management and protection remained as non-compliant and these areas are reflected under each regulation outlined below.

The care plans reviewed showed that residents and/or their representative were involved in the development of their care plan. However, some further improvements were required to ensure that comprehensive assessments were completed and all relevant specific details in relation to their care needs were recorded in their care plan. The care provided to residents who displayed responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had overall improved since the last inspection. Residents' with communication difficulties were supported to communicate freely by staff and had appropriate care plans in place to reflect their needs. From a review of residents records it was evident that residents were afforded the opportunity to outline their wishes in relation to their care at the end of their lives which included access to pastoral support.

Nevertheless, a high standard nursing care was not consistently provided to residents. For example, the pressure area care and medication management policies and procedures reviewed and practices observed were not reflective of evidenced-

based practices. The administration of medications was not as prescribed and there was no process in place for checking first aid boxes.

Some residents' pensions were managed by the provider. Inspectors were not assured that the process in place was robust enough to safeguard residents' monies. In addition, residents were not facilitated with a key to enable them to independently secure valuable items in their bedroom. Such measure was not introduced despite a number of incidents of alleged thefts being reported.

Residents in the centre had access to daily newspapers, radio, and television. There was independent advocacy services available to residents and information on these services were displayed in the centre. While there was some evidence that residents rights were being upheld in the centre, staff practices required review as observations of the dining experience for residents did not ensure a rights based approach was followed. This is further discussed under Regulation 9: Residents' Rights.

The centre was generally clean and tidy and the overall premises were designed and laid out to meet the needs of the residents. Residents had access to call bells in their bedrooms, en-suite bathrooms and all communal rooms. However, improvements were required to ensure the centre met all the requirements of the regulation. This is further discussed under Regulation 17: Premises.

The use of the National Transfer document had been implemented in practice and staff were completing it prior to residents being transferred out of the centre.

Improvements were found in infection prevention and control since the previous inspection. Staff were observed to have good hygiene practices and staff that were observed wearing face coverings were doing so appropriately. Alcohol hand gel was available throughout the centre. Sufficient housekeeping resources were in place on the day of inspection. Used laundry was segregated in line with best practice guidelines and the centre's laundry had a work way flow for dirty to clean laundry which prevented a risk of cross-contamination. However, some further opportunities for improvement were identified as there were areas observed in the centre where surfaces were damaged or chipped, which would impede effective cleaning.

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 13: End of life

A sample of residents care plans were reviewed. The person in charge had ensured that residents had an appropriate end-of life care plan that reflected their individual physical, emotional, social, psychological and spiritual needs and ensured that their needs were met.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in Schedule 6 of the regulations, for example;

- Unsuitable storage and inappropriate storage practices were observed; there was no lockable storage for chemicals in one house-keeping room on the first floor and the key-coded door was open with chemicals exposed on the shelves. This could pose a risk to residents who may inadvertently access these spaces.
- Some areas in the centre were not clean and suitably decorated for example; The carpet in bedroom 148 was heavily stained. It was vacant on the day of inspection. There was staining on the carpet of the relaxation room on the second floor also.
- Maintenance was required in some areas to ensure the premises was kept in a good state of repair. For example, there were loose cables in the kitchenette on the second floor and wear and tear was observed on the walls of a family room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors observed the dining experience on each floor on the day of the inspection. Improvements were required in how meals were prepared, cooked and served. For example:

- The specialised assistive cutlery required by one resident was not available to them. Inspectors observed that the resident had to wait while staff washed their spoon between courses. Inspectors were told this was due to only having one specialist spoon available. This did not promote a dignified meal experience for this resident.
- Residents were assisted into the dining room thirty minutes prior to their lunch being served to them. Two residents told the inspectors that they

regularly had to wait between 30 and 40 minutes before having their lunch, and that they found this system and delay frustrating.

- Residents' dietary needs outlined in their care plan and prescribed by the health care team were not reflected in the diet sheet being used by the catering staff serving the meals to residents. This posed a risk that residents would not receive meals in line with their assessed needs.
- Staff providing assistance in one dining room at lunch time were swapping between tables to assist residents without any communication with residents. This was a task-based approach and did not ensure meal times were person-centred for all residents.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were documented and communicated to ensure resident's safety. Staff confirmed they completed and sent 'The National Transfer document' with the resident to the hospital. Copies of documents were available for the last two residents transferred to hospital. They contained most of the relevant resident information including infectious status, medications and communication difficulties where relevant and known by staff.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that although some progress had been made, the registered provider did not consistently ensure that care was provided in a clean and safe environment as evidenced by:

Poor oversight of the cleaning procedures and the quality of environmental hygiene. For example:

- Some areas were visibly unclean including a residents' dining room and relaxation room.
- The wall coverings behind some hand-washing sinks around the centre could not be effectively cleaned due to surface damage. In addition, the inspectors noted the base of one of the sinks was damaged and as a result, the staff could not perform effective cleaning.
- Kitchenettes and food transport trolleys required deep cleaning to reduce the risk of cross-contamination.

- There was chipped wooden furniture in place in communal areas and in the dining room that could not guarantee effective cleaning.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors observed the administration of medicines to residents in the morning and afternoon. Medicines were not administered to the residents as prescribed. In the morning, some residents did not receive their prescribed medicines until two hours post the time they were prescribed to be administered at.

Sterile items within two first aid boxes on the first floor had expired since mid 2023, which had not been identified by provider's own stock checking systems.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Notwithstanding the improvements identified under this regulation further action was required;

- Some of the comprehensive assessments reviewed had not been updated within four months and others were not fully completed. For example, a several areas of the comprehensive assessments of those reviewed were blank.
- Gaps were identified in some pressure area care plans. For example, the residents' care plans did not identify the weight setting that the pressure relieving mattress was to be set at, and the inspectors observed that some of the mattresses in use by the residents at risk were not set to a safe level that would promote skin integrity.
- Some care plans reviewed for those residents' who demonstrated responsive behaviour that is challenging did not state that a behaviour recording chart was in use to support the provision of care.
- Inspectors found that care plans reviewed contained a lot of out-of-date information therefore, it was difficult to determine what information was relevant to the resident's current needs.

Judgment: Substantially compliant

Regulation 6: Health care

A high standard of nursing care was not always provided to residents. For example:

- Several pressure relieving mattresses were set at 140 -170 kgs. None of the residents using these mattresses had weights recorded at 140 or 170 kg. This posed a risk that the mattresses would not be effective and could potentially cause further skin damage.
- Residents did not receive their medications in line with best evidence practice and national guidelines, which posed a health and safety risk.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had started to move towards implementing a restraint free environment in accordance with national policy. For example, restraint assessment forms showed that alternatives to restraint were being considered and used. The care plans reviewed for the residents with responsive behaviours outlined the triggers, diversion therapies that worked for that resident, however as stated under Regulation 5 they did not always include the fact that the resident was on an behaviour chart.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures to protect residents from abuse had not been taken. For example:

- Residents did not have access to a key for the lockable area in their bedside locker to effectively safeguard their personal possessions.
- Evidence seen on the day of the inspection was that residents' pensions managed by the provider were being lodged into a residents' bank account that was not in the name of the designated centre or of the registered provider.
- The authorised pension-agent identified on some of forms submitted to the Department of Social Protection were no longer working in the centre. The Department of Social Protection had not been informed of this change.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were mostly upheld in the centre and the provider had provided facilities for occupation and recreation however, residents rights to choice were not respected at mealtimes. For example:

- All residents had protective clothing placed on them, they were not given a choice to use or not to use these. This was an institutional practice that did not promote residents' choice and dignity.
- All condiments were not available on each dining room table. For example butter portions were not placed on the table, staff said they were provided on request.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for TLC Carton OSV-0005800

Inspection ID: MON-0043446

Date of inspection: 23/04/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. A review of roles and responsibilities was undertaken to identify clear tasks for both waitress and health care assistants- to ensure that the resident mealtime experience is improved and reflects resident needs and preferences- Complete 2. The specific actions including work practice changes identified in the above review will be fully implemented by 30th July 2024. 3. Mealtime audits are conducted weekly by the CNM/ADON to ensure residents have a positive dining experience. The Person in Charge has responsibility for implementing the improvements identified in these audits. This commenced on 13th May 2024 and will be ongoing weekly until improvements are sustained and will then continue monthly. The Regional Director will oversee these audits and identified improvements at the monthly governance meeting. 4. The PIC has established appropriate contingency arrangements for short notice leave to be covered in a timely manner. This includes reallocation of CNMs and PDN and has commenced immediately- complete. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. All agency staff will receive an induction sheet which details fire safety information and details on resident care needs, on commencement of their shift. This will be provided by the Clinical Nurse Managers on duty and monitored by ADONs daily- complete and ongoing. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Pressure relieving mattresses are audited monthly by CNMs since end of April 2024. This will be monitored by the Person in Charge and spot checks will be conducted during the daily walkabout to ensure that settings are appropriate to residents' needs- complete and ongoing. 2. The Person in charge will continue to monitor supervision arrangements in place for residents. Daily walkabouts will be conducted to ensure supervision is in line with residents' assessed needs and care plans, including but not limited to those receiving one to one care- Complete and ongoing 3. All residents' dietary requirements are updated on EPIC care on admission and when there is changes to the residents' assessed needs or preferences. A weekly report will be generated from EPIC care by the CNMs and copies will be provided to all relevant departments. The person in charge will oversee compliance with this on a monthly basis- Complete and ongoing 4. A protected mealtimes initiative is in place whereby all staff including management team assist and supervise the residents' dining experience- Complete and ongoing 5. Mealtime audits are conducted weekly by the CNM/ADON to ensure residents have a positive dining experience. The Person in Charge has responsibility for implementing the improvements identified in these audits. This commenced on 13th May 2024 and will be ongoing weekly until improvements are sustained and will then continue monthly. The Regional Director will oversee these audits and identified improvements at the monthly governance meeting. 6. A service level agreement is in place to ensure residents have access to a chiropodist. The PIC will review referrals monthly to ensure that the access is timely and appropriate to the assessed needs of the residents- complete 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. The complaints process notices have been updated with details of the current complaints and review officers- complete 2. The Person in Charge responds to all complaints in line with the centre's Management of Complaints policy, including a written response to the complainant with the outcome of the complaint investigation- complete and ongoing 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. A new lockable press for the housekeeping room on the first floor will be installed by 30th July 2024. 2. The nursing management team will check during daily walkabouts that the housekeeping stores are kept locked when not in use- complete and ongoing 3. There is a carpet cleaning schedule for the home and if required, replacement flooring will be procured as part of a phased replacement of carpet flooring. Weekly environmental audits are being completed by Housekeeping manager and the results are reviewed by the PIC. The regional Director and PIC will be responsible to action improvements identified- completed 4. A new electronic system is now in place to log daily maintenance tasks within the centre. Additionally, the maintenance report is reviewed at monthly governance meetings by the RD to ensure all matters are closed within reasonable timeframe- completed 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ol style="list-style-type: none"> 1. Additional cutlery was available on the day of inspection. Staff have been refreshed on this to ensure a dignified meal experience for residents- Complete 2. A review of roles and responsibilities was undertaken to identify clear tasks for both waitress and health care assistants- to ensure that the resident mealtime experience is improved and reflects resident needs and preferences- Complete 3. The specific actions including work practice changes identified in the above review will be fully implemented by 30th July 2024. 4. All residents' dietary requirements are updated on EPIC care on admission and when there is changes to the residents' assessed needs or preferences. A weekly report will be generated from EPIC care by the CNMs and copies will be provided to all relevant departments. The person in charge will oversee compliance with this on a monthly basis- Complete and ongoing 5. A protected mealtimes initiative is in place whereby all staff including management team assist and supervise the residents' dining experience- Complete and ongoing 6. Mealtime audits are conducted weekly by the CNM/ADON to ensure residents have a positive dining experience. The Person in Charge has responsibility for implementing the improvements identified in these audits. This commenced on 13th May 2024 and will be ongoing weekly until improvements are sustained and will then continue monthly. The 	

Regional Director will oversee these audits and identified improvements at the monthly governance meeting.

Regulation 27: Infection control

Substantially Compliant

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

1. A daily housekeeping cleaning schedule is in place for all areas. The housekeeping and catering manager will continue to monitor and supervise completion of tasks to a high standard and will address any learning needs with staff in a timely manner. The Person in Charge will oversee this on daily walkabouts - complete and ongoing
2. Damaged hand wash sink was identified and procurement process initiated to replace them by 31st August 2024.
3. The kitchenette area is cleaned daily. The housekeeping and catering manager will continue to monitor and supervise completion of tasks to a good standard and will address any learning needs with staff in a timely manner. The Person in Charge will oversee this on daily walkabouts - complete and ongoing
4. New trollies have been ordered to replace old trolleys. These will be in place by 31st July 2024.
5. A programme to repair and/or replace furniture has commenced and will be completed by 31st July 2024.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

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

1. The PIC has established appropriate contingency arrangements for short notice leave to be covered in a timely manner. This includes reallocation of CNMs and PDN and has commenced immediately- complete.
2. The PIC will conduct regular audits to ensure medications are administered to residents as prescribed and will ensure that resources are appropriately utilised to address any improvements identified- from 31st May 2024 and 3 monthly thereafter.
3. All first aid boxes' contents have been replaced. The person in charge and nursing managers will supervise completion of a revised checklist and will ensure that actions arising from the checks are addressed in a timely manner- complete and ongoing

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> <ol style="list-style-type: none"> 1. All residents' comprehensive assessments will be reviewed and updated within four months. The monthly person-centered care planning and assessments audit will be overseen by the person in charge and the regional director at the monthly governance meeting to ensure that staff are including all relevant and up to date information to guide resident care-complete and ongoing 2. A programme to train staff nurses in person-centered care planning is in place. This will be supported by Practice Development Nurse and will be completed by 31st July 2024. 	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none"> 1. Pressure relieving mattresses are audited monthly by CNMs since end of April 2024. This will be monitored by the Person in Charge and spot checks will be conducted during the daily walkabout to ensure that settings are appropriate to residents' needs- complete and ongoing. 2. The PIC has established appropriate contingency arrangements for short notice leave to be covered in a timely manner. This includes reallocation of CNMs and PDN and has commenced immediately- complete. 3. The PIC will conduct regular audits to ensure medications are administered to residents as prescribed and will ensure that resources are appropriately utilised to address any improvements identified- from 31st May 2024 and 3 monthly thereafter. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. A key to lock the bedside locker is made available to residents. The maintenance team will review each room and ensure key is available in each resident's room by 31st July 2024. 2. The registered provider has processes in place to ensure the residents pension 	

account is managed appropriately. The account will be renamed to ensure they reflect a centre specific account. This will be completed by 31st August 2024.

3. An application to notify the name change on the pension agent form was sent to the Department of Social Protection- complete.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. Staff are encouraged to ascertain resident's choice when placing protective clothing. Weekly mealtimes audits and additional supervising is in place to monitor practice- complete
2. All tables in the centre were rearranged with condiments on each floor. Weekly mealtimes audits and additional supervising is in place to monitor practice- complete

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/07/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/05/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/07/2024

Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/07/2024
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	30/07/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	13/05/2024
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	13/05/2024

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	31/05/2024
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to	Substantially Compliant	Yellow	31/05/2024

	investigate complaints.			
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 decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	31/05/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	31/05/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/07/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an	Substantially Compliant	Yellow	31/07/2024

	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.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	31/05/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/08/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does	Substantially Compliant	Yellow	31/05/2024

	not interfere with the rights of other residents.			
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