



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

Issued by the Chief Inspector

Name of designated centre:	Tinnypark Nursing Home
Name of provider:	Tinnypark Residential Care Limited
Address of centre:	Derdimus, Callan Road, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	12 June 2024
Centre ID:	OSV-0000707
Fieldwork ID:	MON-0038673

About the designated centre

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

Tinnypark Nursing Home is located approximately 2.5 miles from Kilkenny City, in a scenic rural setting. The nursing home is a large period house which has been extended to provide suitable accommodation for 47 residents. Bedroom accommodation comprises 39 single and four double rooms. All the bedrooms have full en-suite facilities with accessible showers. There are two dining rooms, and three sitting rooms for residents to use. The foyer is also a favourite place for residents and visitors to congregate. The walled garden to the rear provides a secure environment for leisurely strolls and residents also have free access to a number of enclosed patio seating areas. Tinnypark nursing home accommodates both female and male residents aged 18 years and over. The service caters for the health and social care needs of residents requiring dementia care, respite care, convalescent care and general care in the range of dependencies low/medium/high and maximum. The service provides full time nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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
Wednesday 12 June 2024	09:30hrs to 17:30hrs	Aisling Coffey	Lead
Thursday 13 June 2024	09:40hrs to 16:10hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Tinnypark Nursing Home. The residents spoken with were complimentary of the staff and the care they received. One resident told the inspector they "couldn't be happier", while another described the decision to live in Tinnypark Nursing Home as "the best decision I ever made". Residents who could not speak with the inspector were observed to be content and comfortable in their surroundings. The care provided to residents was observed to be person-centred. Staff were aware of residents' needs, and the inspector observed warm, kind, dignified and respectful interactions with residents and their visitors throughout the day by staff and management.

This unannounced inspection took place over two days. On both days, the inspector spoke with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. The inspector also spent time observing the environment, interactions between residents and staff, and reviewing a range of documentation.

The premises consist of a large period house with an adjoining single-storey ground-floor extension, located in a rural setting with extensive grounds. Bedroom accommodation is located in the single-storey extension, while some of the communal areas are located within the period house. The period house is accessible from the ground-floor extension by stairs and a ramp.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors and sufficient handrails to accommodate residents with mobility aids. Communal areas included the lobby off the main entrance, a day room, three connected dining areas, the sunroom, and the parlour. These areas were bright and spacious with comfortable seating, attractive furnishings and domestic features, such as colourful table cloths, delph dressers and antique radios, which provided a homely environment for residents. The lobby had partitions, which created four areas where residents could read, play games, and relax. This lobby was supervised at all times during the inspection.

There was an onsite laundry service where residents' personal clothing was laundered. While this area was noted to be clean and tidy, its layout required review to ensure compliance with the regulations.

Bedroom accommodation consists of 39 single bedrooms and four twin bedrooms. Each bedroom has en-suite facilities that include a shower, toilet, and wash hand basin. Bedroom accommodation throughout the centre had a television, call bell, wardrobe, seating, and locked storage facilities. Residents had personalised their bedrooms with photographs, artwork, religious items, and ornaments. The size and layout of the bedroom accommodation were appropriate for resident needs.

Outdoors, the centre had a large, secure walled garden to the rear of the property, where a resident was observed gardening and the centre's two bunnies resided. This

area had level paths residents could walk upon while looking out over the adjoining countryside. Residents also had open access to four enclosed seated courtyard areas. There was a newly established designated external smoking area for residents who chose to smoke. The external grounds, walled garden and courtyard areas were clean, tidy and pleasantly landscaped, with features including raised flower beds, potted plants, bushes and mature trees.

There was a relaxed and unhurried atmosphere in the centre, and staff were seen responding to resident requests and call bells promptly. Residents were up and dressed in their preferred attire and appeared well supported. There was an activities coordinator on duty on the inspection days. Following mass, which was broadcast on the television in the day room at 10.30am each morning of the inspection, refreshments were served, followed by ball games. On both afternoons of the inspection, residents played bingo in the day room. Outside of group activities, the activities coordinator was seen engaging in one-to-one activities with residents, including newspaper reading, playing dominos and engaging residents with the centre's pet rabbits. The hairdresser was present on the second inspection day, and residents proudly displayed their new hairstyles. Some residents chose not to partake in communal group activity and relaxed in their bedrooms, aligned with their preferences to read or watch television.

Residents had access to local and national newspapers, radios, television, and internet services. There were arrangements in place for residents to access independent advocacy services. While Roman Catholic mass was broadcast daily on television, the provider had arrangements to support residents of other denominations practising their faith and maintaining contact with their religious leaders.

Residents could receive visitors in the centre within communal areas or in the privacy of their bedrooms. Multiple families and friends were observed during the inspection days visiting inside or spending time with their loved ones within the centre's grounds. The inspector spoke with a number of visitors. Overall, they expressed their satisfaction with the quality of care provided to their relatives living in the centre and the communication between staff and families. A small number of visitors had concerns about aspects of care received by their loved ones. The person in charge confirmed these concerns were being assessed as part of the provider's complaints process.

Lunchtime at 1.00pm was observed to be a sociable and relaxed experience, with residents eating in the dining rooms, sun room, day room or in their bedrooms, aligned with their preferences. Meals were freshly prepared onsite in the centre's kitchen. The menu choices were displayed as pictures in the dining room, and the food served appeared nutritious and appetising. A choice of meals was offered, and ample drinks were available for residents at mealtimes and throughout the day. Later in the afternoon, tea and biscuits were being served. Residents spoke positively to the inspector about the food quality, quantity and variety.

While the centre was pleasantly decorated, generally clean and in good repair, some areas were experiencing wear and tear and required maintenance to ensure

residents could enjoy a pleasant living environment. Staff practices in the management of storage and decontamination of equipment were reviewed, and some improvements were required as outlined under Regulation 27: Infection control. The inspector noted some fire safety concerns during the walk around the centre. For example, the fire exit in the old lobby was found to be obstructed by furniture and other items. The person in charge arranged for this exit to be cleared on the first day of inspection. This obstruction of a fire exit and other fire safety matters are discussed under Regulation 28: Fire precautions.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was a well-run centre with established and newly emerging systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being. While there were clear management and oversight structures in place, some of these systems required strengthening to ensure regulatory compliance.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and review the registered provider's compliance plan from the previous inspection. The inspector also followed up on unsolicited information submitted to the Office of the Chief Inspector since the previous inspection. This unsolicited information was related to resident care and environmental hygiene.

The registered provider had progressed with the compliance plan from the July 2022 inspection, and improvements were identified concerning Regulation 6: Healthcare. Following this inspection, further actions were required concerning a number of regulations as set out in this report.

The registered provider of Tinnypark Nursing Home is Tinnypark Residential Care Limited, a company comprised of two directors. The senior management team consisted of one of the company directors and two persons who participated in the centre's management, a general manager, and a quality and assurance lead. These managers informed the inspector they attended the centre once per week and were available to the person in charge outside of these times by phone. Within the centre, the person in charge worked full-time and was supported in their management role by an assistant director of nursing. A team of registered nurses, healthcare assistants, activity coordinators, chefs, catering, housekeeping, laundry,

maintenance and administration staff supported the person in charge. The centre had a vacant clinical nurse manager post for which the provider was recruiting. The provider was also awaiting the appointment of newly recruited healthcare assistants.

There were sufficient staff on duty to meet the needs of residents living in the centre on the inspection days.

Staff had access to appropriate training and development to support them in their respective roles. Records reviewed documented full compliance with mandatory training in safeguarding, infection prevention and control, and fire safety. Staff were also appropriately supervised and supported in their respective roles.

The registered provider had put systems in place to monitor the quality and safety of care. Communication systems were in place to ensure clear and effective communication between the person in charge and the senior management team. The person in charge prepared a comprehensive weekly report for the quality and assurance lead on key issues within the centre, including occupancy, temporary discharge, resident health, incidents, accidents, compliments, complaints, regulatory matters, resident feedback and human resource matters. The senior management team held monthly meetings with the person in charge and the assistant director of nursing, where these key issues were discussed and action plans agreed upon. Within the centre, there were staff meetings to discuss operational matters concerning the daily care of residents, as well as quality and safety matters such as risk management, audit findings and resident feedback.

The provider had an audit schedule examining key areas, including resident assessment and care planning, resident health, medication management, infection prevention and control, environmental checks and fire safety. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them. The person in charge had undertaken extensive analysis on the use of certain medications within the centre, which had reduced their usage. Notwithstanding these assurance systems, action was required for the oversight systems to more robustly and effectively identify deficits and risks in the service and drive quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents and families reflected in the review.

Two volunteers worked in the centre. The person in charge ensured that individuals involved in the centre on a voluntary basis had their roles and responsibilities set out in writing and had provided An Garda Síochána (police) vetting disclosures.

The centre's complaints policy was up-to-date. The complaints procedure was displayed at reception and contained in the residents' information guide. Information posters on advocacy services to support residents in making complaints were displayed in the centre. There was clear documentary evidence of complaints being managed in line with regulatory requirements. The staff spoken with knew how to

identify and respond to a complaint. Residents and families reported feeling comfortable raising a complaint with any staff member.

Regulation 15: Staffing

The centre had a well-organised staffing schedule. Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. Two registered nurses worked in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a comprehensive training programme supporting staff in their roles. Mandatory training on safeguarding vulnerable adults, fire safety, manual handling, and infection control was fully adhered to. Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and protection of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Oversight systems for monitoring the quality and safety of the service required review to ensure they were consistently identifying deficits and risks and leading to ongoing quality improvements in the centre. For example improvements were required in fire safety, premises and infection prevention and control. These matters had not been identified by the risk management systems in place.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge ensured persons working on a voluntary basis had provided An Garda Siochana (police) vetting disclosures, received support and supervision, and had their roles and responsibilities set out in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

Arrangements for recording accidents and incidents were in place and were notified to the Office of the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed in the centre. The complaints procedure provided details of the nominated complaints and review officers. A sample of complaints reviewed found they had been investigated promptly, with feedback given at appropriate stages of the process by the complaints officer.

Judgment: Compliant

Quality and safety

While the inspector observed kind and compassionate staff treating residents with dignity and respect, some actions were required concerning premises, infection control, fire precautions, individual assessment and care planning, temporary absence or discharge and residents' rights.

The centre's design and layout were appropriate to the number and needs of the residents accommodated. Multiple comfortable and pleasant communal areas were available for residents and visitors to enjoy. However, some areas of the premises

were observed to require maintenance and repair to be fully compliant with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

The provider had processes to manage and oversee infection prevention and control practices within the centre. Surveillance and auditing of antimicrobial usage and healthcare-associated infections was undertaken and recorded. Colour-coded mop and cloth systems were operating to clean various areas within the centre. While the centre's interior was generally clean on the inspection day, some actions were required to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

The provider had systems to monitor fire safety. Preventive maintenance for fire detection, fire fighting equipment and emergency lighting was conducted at recommended intervals. The provider was making arrangements to refurbish the fire suppression system in the kitchen. Staff had undertaken fire safety training, participated in regular fire evacuation drills and were knowledgeable about the centre's fire safety and evacuation procedures. Each resident had a personal evacuation plan to guide staff in an emergency requiring evacuation. Notwithstanding these good practices, further actions were required to ensure the safety of residents in a fire emergency. These findings are set out under Regulation 28: Fire precautions.

The person in charge had arrangements for assessing residents before admission into the centre. The inspector reviewed comprehensive person-centred care plans based on validated risk assessment tools. Notwithstanding these areas of good practice in care planning, some gaps were observed, which will be outlined under Regulation 5: Individual assessment and care plan.

The health of residents was promoted through ongoing medical review and access to a range of external community, privately provided and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapy, occupational therapy, speech and language therapy and mental health services.

Records of residents transferred to and from the acute hospital were reviewed. The inspector saw that where the resident was temporarily absent from the designated centre in an acute hospital, relevant information about the resident was provided to the designated centre by the acute hospital to enable the safe transfer of care. Staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Notwithstanding this good practice, the inspector was not assured that the transfer of residents from the centre was carried out in line with the requirements of the regulation, which will be discussed under Regulation 25: Temporary absence or discharge of residents.

Residents had their rights promoted within the centre. Residents were consulted about and participated in the organisation of the designated centre through participation in residents' meetings and completion of residents' questionnaires. Residents had access to varying activities, and a number of residents were observed to be taking part in group and individual activities throughout the two-day inspection. The centre had daily religious services streamed to the day room for

residents. Residents could communicate freely, having access to telephones and internet services throughout the centre. Notwithstanding these good practices, improvements were required with respect to a small number of residents' right to privacy within their bedrooms which will be discussed under Regulation 9.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties had their communication needs assessed and documented. Staff were knowledgeable about the communication devices used by residents and ensured residents had access to these aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The decor in some areas, including resident bedrooms, bathrooms, and corridors, was showing signs of wear and tear. The paint was missing from walls and was chipped on doors, door frames, and skirting boards.
- Resident equipment, for example, several bed bumpers, were observed to be torn and damaged, requiring replacement or repair.
- There was a lack of suitable storage in the centre as multiple residents' comfort seating and wheelchairs were stored in en-suite bathrooms.

Judgment: Substantially compliant

Regulation 20: Information for residents

A guide for residents was available in the centre. This guide contained information about the services and facilities provided, including the complaints procedures, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed records of residents transferred from the centre to the acute hospital. It was not possible to verify the transfer of relevant information about the resident from the centre to the receiving hospital, such as the reason for transfer, current health status, medical diagnosis, and medications, as copies of these records were not kept in the centre and available for review. This information is integral to ensuring that the hospital is aware of all pertinent information and can provide the resident with the most appropriate medical treatment.

Judgment: Substantially compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018).

The management of the environment required review to minimise the risk of transmitting a healthcare-associated infection, for example:

- The contents of commodes, bedpans, and urinals were manually decanted into the sluice hopper before being placed in the bedpan washer for decontamination. Decanting risks environmental contamination with multi-drug resistant organisms (MDROs) and poses a splash/exposure risk to staff. Bedpan washers should be capable of disposing of waste and decontaminating receptacles.
- Bedpans and urinals were not routinely inverted after decontamination.
- Some surfaces throughout the centre were observed to be significantly rusted and damaged and, therefore, could not be effectively cleaned; for example, several grab rails in ensuite bathrooms.
- The layout of the laundry required review to support the functional separation of the clean and dirty phases of the laundering process.

The oversight of cleaning practices required review, for example:

- Resident equipment, such as crash mats and sensor mats, was observed to be stained and dirty, with footprints and other debris. This equipment was not observed to be on a cleaning schedule.
- A small number of residents' bedrooms were found to have large pieces of dirt and debris under the beds.

Several storage practices posed a risk of cross-contamination, for example:

- Clean linen and visibly dirty items, including resident crash mats, were stored alongside each other in store rooms.
- A wheelchair, a stool, and pressure cushions were stored in the sluice room.
- Objects and boxes stored directly on the floor in storerooms throughout the centre impacted the ability to clean the area effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate arrangements were in place to respond appropriately in the event of a fire. For example:

- Arrangements for detecting and extinguishing a fire in the designated smoking area required review as this area did not have a call bell for residents to summon assistance in an emergency or a fire blanket in the event of a fire.
- The arrangements for maintaining means of escape required review. The inspector found one fire exit obstructed by furniture and other items, a ramp from a second fire exit partially blocked by two armchairs, and a third fire exit with significant moss and other growth, posing a potential slip hazard for residents and staff evacuating in an emergency.
- The procedures for the evacuation and safe placement of residents in a fire emergency required attention. While regular evacuation drills were conducted in the centre, further fire drill practice was required, covering the different types of external escape routes, as referenced in residents' personal emergency evacuation plans. Staff reported that external escape route evacuation had not been practised in the centre, and there were no records of external evacuation being trialled.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While care records were seen to be person-centred and reflect residents' needs, action was required concerning individual assessment and care plans to ensure the needs of each resident were comprehensively assessed and an appropriate care plan was prepared to meet these needs. For example:

- A sample of care plans reviewed had not been prepared within 48 hours of the resident's admission.

- A sample of care plans seen by the inspector had not been formally reviewed every four months to ensure that care was appropriate to the resident's changing needs.
- Where care plans were revised, consultation with the resident and where appropriate, their family was not routinely recorded as having occurred as required by the regulation.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics, occupational therapy, and physiotherapy, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. While the provider did not act as a pension agent for any residents, the provider held small quantities of "pocket money" belonging to current residents. The provider had a transparent system in place where all lodgements and withdrawals were signed by two staff.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required to ensure residents' privacy and dignity in their bedrooms, for example:

- Five bedroom doors had clear glass windows fitted, allowing an unobstructed view into residents' bedrooms. There were no further privacy screens or

curtains in the bedrooms, which meant residents could not undertake personal activities privately in their bedrooms.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	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 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tinnypark Nursing Home OSV-0000707

Inspection ID: MON-0038673

Date of inspection: 13/06/2024

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 23: Governance and management	Substantially 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. The systems for oversight and monitoring of fire, IPC & premises have been reviewed. To support compliance, the facilities manager will carry out weekly checks and provide an update to the person in charge who will review the findings and action as required. 23.8.24. 2. Person in Charge will continue ensure that all notifications are submitted in line with statutory requirements. 30.7.24. 3. The provider is confident that the staffing levels within the centre remain sufficient to meet the needs of the residents, with no actual reduction in staffing hours or resources. Following the acquisition of the centre by Eliza Care in July 2023, there was a change in staff contracts. Full-time hours were adjusted from 36 hours per week to 40 hours per week, effectively altering the calculation of Whole Time Equivalent (WTE) staffing. As a result, the WTE previously outlined in the Statement of Purpose (SOP) does not accurately reflect the current staffing levels. <p>The provider is currently updating the SOP to reflect this change in working hours and to accurately represent the staffing structure based on the new 40-hour WTE standard. This revised SOP will be submitted to the inspector within one week for review and approval.</p> <p>Through these measures, the provider ensures compliance with Regulation 23 and maintains the centre’s commitment to providing adequate staffing and high-quality care.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. Wear & Tear/Painting: A full building review will be completed to identify the areas that require painting or replacement. Completion of these identified works will 1.1.25.
2. A full review of bed bumpers, crash mats & falls alarms will be completed. Where there is a requirement for replacement this will be completed by 1.11.24
3. Appropriate storage of resident's chairs reviewed. All chairs now being stored in residents' bedrooms. 18.6.24

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

Staff are now using the National Transfer Document for all transfers to hospital. Should any additional documentation be enclosed; copies of any additional documentation are uploaded to the residents' file. 31.8.24

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

1. The management of bedpans & urinals has been reviewed with staff. The practice observed by the inspector has ceased. There is a notice in place advising staff of best practice. 30.7.24
2. There is appropriate storage for clean bedpans & urinals. Staff have been advised to use these for storage. 30.7.24
3. A full review of grab rails will be completed to identify those that require painting/replacing. All work has to be completed by 31.10.24.
4. Laundry Workflow as been reviewed and will be implemented by 1.9.24
5. Cleaning of equipment & under residents' beds are added to a cleaning schedule, this is overseen by the Facilities Manager. 6.8.24
6. The crash mats have been removed from the linen storage area and are no longer stored here. 30.7.24
7. Dirty Equipment: It has been identified that the current storage of dirty equipment, including a wheelchair, a stool, and pressure cushions, in the sluice room poses a risk of cross-contamination. To address this issue, we are conducting a comprehensive review of our equipment storage procedures.

We recognize the importance of maintaining strict hygiene standards and ensuring that equipment designated for cleaning is stored appropriately to prevent any potential

contamination. As part of this review, we will be implementing a more suitable system for the storage of such equipment. This new system will ensure that all equipment is stored in a manner that adheres to best practices for infection control and hygiene.

30.9.24

8. There is sufficient shelving to ensure that boxes are not left on the floor. Surplus equipment/products will be removed. The facilities manager will oversee to ensure that boxes are stored appropriately. 30.8.24

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. A system has been put to ensure that residents can alert staff if they need attention. 18.6.24

2. A fire blanket has been placed in the smoking area. 18.6.24

3. All fire exits have been cleared, and the moss has been removed. The person allocated to complete the daily means of escape check and all staff have been reminded as to their role and responsibilities in terms of fire safety. The facilities manager will monitor to ensure fire exits are kept clear. 31.7.24

4. An external fire drill will be completed. 9.8.24

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. All nursing staff have been updated as to the importance of initiating residents care plans within 48 hours of admission.

2. The PIC and ADON are monitoring this practice on a daily basis and providing written communication with nursing staff regarding residents admitted and requirement for care plans to be initiated.

3. Compliance with preparing care plans within 48 hours of residents' admission is recorded in the weekly report, submitted by the PIC to the Senior Management Team.

4. Each nurse has been allocated a named group of for care plan reviews and will be responsible for ensuring that the care plans are reviewed a minimum of 4 monthly. The PIC & ADON will review progress/completion monthly. All care plans/risk assessments are under review etc while a new record management system implemented. The completion date for this will be 31.10.24.

5. Records of care plan reviews will be recorded in the resident and/or family communication and the PIC/ADON will review this as part of compliance monitoring.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The glass windows in the doors have been fitted with a privacy screening. 5.8.24	

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
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	01/01/2025
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.	Substantially Compliant	Yellow	23/08/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge	Substantially Compliant	Yellow	31/08/2024

	of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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	01/01/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	18/06/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	18/06/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Substantially Compliant	Yellow	09/08/2024

	event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/07/2024
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 concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/10/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	05/08/2024