



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

## Issued by the Chief Inspector

|                            |   |
|----------------------------|---|
| Name of designated centre: | Charleville Nursing Home                          |
| Name of provider:          | Mowlam Healthcare Services<br>Unlimited Company   |
| Address of centre:         | Station Road, Rathgoggan,<br>Charleville,<br>Cork |
| Type of inspection:        | Unannounced                                       |
| Date of inspection:        | 18 April 2024                                     |
| Centre ID:                 | OSV-0008616                                       |
| Fieldwork ID:              | MON-0041261                                       |

## About the designated centre

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

Charleville Nursing Home is a purpose-built two storey facility, which can accommodate a maximum of 60 residents. It is a mixed gender facility catering for dependent people over the age of 65, but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Charleville Nursing Home is situated within a few minutes' drive from the busy town of Charleville with access to local restaurants and shops. All residents' bedrooms are single occupancy with ensuite toilet, hand wash sink and shower facilities. There are a number of communal spaces in the centre including two dining rooms on the ground floor and one dining room on the first floor. There is a large bright day room on the ground floor and a number of other sitting rooms and quiet rooms over both floors. There is a separate visitors' room which is available on the ground floor, and there are internal enclosed courtyard spaces which are safe and accessible for all residents to use at any time. Residents can also walk around the pathways around the centre.

Nursing care is provided 24 hours a day, with a minimum of two nurses rostered seven days a week. A multidisciplinary team is available to meet resident's additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 29 |
|--|----|

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    |
|------------------------|----------------------|----------------|---------|
| Thursday 18 April 2024 | 09:25hrs to 17:20hrs | Siobhan Bourke | Lead    |
| Thursday 18 April 2024 | 09:25hrs to 17:20hrs | Niall Whelton  | Support |

## What residents told us and what inspectors observed

From the observations of the inspectors and from discussions with residents and visitors, it was evident that residents, living in Charleville Nursing Home, were supported to to enjoy a good quality of life, where their choices were promoted and respected. Inspectors met with many of the residents living in the centre and spoke with eight residents in more detail. Inspectors also met with four visitors who gave positive feedback regarding the care and kindness of staff. Residents and visitors also told inspectors that the person in charge communicated effectively with them regarding residents' needs.

During the morning, the inspectors saw that staff knocked on residents' bedroom doors, before entering and were assisting residents in an unhurried fashion with their personal care. A few residents were enjoying breakfast in the dining room, while others were up and dressed and ready for the day's activities.

Charleville Nursing Home is a purpose built two storey centre that was first registered in August 2023, eight months prior to this inspection. At the time of registration, exit doors into and from the escape stairs were not constructed to the required width, therefore the centre was registered for 29 rooms on the ground floor, until the escape routes could be widened. During the walkaround of the premises, the inspectors saw that the work had been recently undertaken in the three stairwells in the centre, both upstairs and downstairs, to ensure they met the required measurements. Staff who spoke with inspectors confirmed that the increased width made simulations of evacuations during fire drills and training easier since completion.

The inspectors were informed that a fault had been identified with eight call bells in the centre, in the days prior to the inspection. The facilities team were working to remedy this. As an interim, eight individual call bells had been sourced and alarmed at the nurses station. The inspectors activated these bells during the walk around and saw that staff arrived promptly in response. There were also six sets of fire doors that were not releasing when the fire alarm was activated. This had been identified on the previous week during routine testing of the fire alarm. The provider had ensured that interim controls were implemented and staff knew the risk. The doors were scheduled to be reviewed, the day following the inspection, for repair.

All rooms in the centre are single occupancy, with ensuite shower, hand wash sink and toilet facilities. The inspectors saw that all bedrooms had adequate storage for residents' belongings and a lockable space was in each locker. A number of residents had personalised their rooms with family pictures and other memorabilia.

Residents living in the centre had access to plenty communal spaces, including two dining rooms on the ground floor, a large bright day room and a number of smaller sitting rooms and quiet rooms over both floors. Along the corridors, there were also comfortable seating areas with tables, where residents could sit and look out into

the internal courtyards. All communal spaces were decorated with soft furnishings and lighting to a very high standard, which gave the home a warm and welcoming atmosphere. The centre was clean and well maintained throughout. The inspectors saw some residue glue from flooring on the floor in the visitors room and the person in charge undertook to address this following the inspection. There were clinical hand wash sinks appropriately placed along corridors, within easy access for staff use.

The centre had two internal courtyards that had raised beds, outdoor seating and tables and pathways for residents to mobilise outside. Residents could easily access these spaces from the centre. During the day, the inspectors saw residents go for walks outside around the centre's pathways.

An inspector observed the lunchtime and evening meal and saw that the majority of residents choose to have their meals in the dining room. Dining room tables had vases with flowers, condiments and a menu on each table to help residents choose their meals. The lunchtime choices were on one side and the tea time options were on the other. On a board in the dining room, the inspector saw pictures of the choices displayed to help residents with a cognitive impairment. The dining experience was seen to be a sociable one with residents sitting at tables served together and chatting while enjoying their meal. Residents who required supervision or assistance, were provided with it by staff, in a respectful and discreet manner. Residents who spoke with inspectors gave positive feedback on the choice and quality of food available.

Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities. There was a full time activities co-ordinator working in the centre and other staff members also supported the activity programme. During the morning, many of the residents were in the day room enjoying ball games, banter and chats and appeared to be having fun. In the afternoon, a lively sing-song was led by residents and a visitor, and one of the residents joined in with their harmonica. A small group of residents participated in a sonas session, in another day room. This session was led by a care staff member who had completed Sonas training.

The inspectors saw staff engaged with residents in a respectful way and it was evident they knew their preferences. Residents told the inspectors that staff attended to their needs in a timely manner and praised them for their high standard of care. Residents with a cognitive impairment who couldn't express their views appeared comfortable and content. A small number of residents told an inspector that some nights their sleep was disturbed by other residents who had dementia, and were walking with purpose, or who were disorientated at night. The management team agreed to roster an extra care assistant, with immediate effect, to ensure better supervision of residents at night time.

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 the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The provider had submitted an application to vary Conditions 1 and 3 of registration for the centre and the inspection also informed decision making for this application. Overall, this inspection found that Charleville Nursing Home was a well managed centre, where residents were in receipt of a high standard of care, from staff who were responsive to their needs. This was the first inspection of this centre since it commenced operating. A number of systems had been established to ensure that the service provided was safe, appropriate, effective and consistently monitored, with clearly defined management structures in place.

Charleville Nursing home was first registered in August 2023, by the Chief Inspector to operate as a designated centre for older persons. The registered provider of Charleville Nursing Home is Mowlam Healthcare Services Unlimited Company. The centre is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The person in charge commenced in the centre in January 2024, following the resignation of the previous person in charge. The person in charge worked full-time in the centre and had the required qualifications and experience for the role. They were supported on site in the centre, by a clinical nurse manager, a team of nursing, health care assistants, activity staff, house keeping, catering staff and a full time administrator. There were two persons participating in management appointed for the centre; and both actively supported the person in charge in the operational management of the centre. Other resources available through the Mowlam Health care group were a facilities manager and a catering manager, who also supported staff working in the centre.

The inspector reviewed staffing rosters and spoke with staff and residents regarding staffing levels in the centre. While staffing levels were appropriate during the day, from speaking with residents, it was evident that staffing levels at night were not appropriate to meet the assessed needs of residents as outlined under Regulation 15 Staffing. The provider agreed to roster an extra health care assistant at night, commencing on the night of the inspection.

The person in charge maintained a comprehensive schedule of training to maintain oversight of staff training in the centre. It was evident that staff were provided with face-to-face and online training appropriate to their roles. Staff who spoke with inspectors were knowledgeable regarding their roles and responsibilities and were appropriately supervised by the person in charge and clinical nurse manager.

Requested records were made available to inspectors during the inspection and were seen to be securely stored in the centre. The inspectors found that the information and records required by Schedule 2, 3 and 4 of the regulations were available. Staff personal files reviewed were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National

Vetting Bureau (Children and Vulnerable Persons) Act 2021, were in place for all staff prior to commencement of employment.

The provider ensured there were systems in place to monitor the quality and safety of care for residents. There was a schedule of clinical audits in place. An inspector reviewed a sample of completed audits such as infection control, care planning and falls and saw that where improvement was required, an action plan was implemented. Key risks to residents such as falls, pressure ulcers and infections were monitored and reviewed at clinical meetings in the centre. There was effective communication between management and staff working in the centre. Monthly quality and safety meetings, management meetings and staff meetings were held in the centre. A safety pause was held on both day and night shifts to ensure staff were up-to-date with residents assessed needs in the centre.

Incidents and accidents occurring in the centre were subject to appropriate investigation and review, and where required, were submitted to the office of the Chief Inspector in line with appropriate time lines.

The provider displayed the complaints procedure in the centre. The centre had an up-to-date policy guiding complaints management. The provider had records of how complaints had been managed in the centre. Records reviewed showed that complaints were investigated and actioned by the complaints officer, to ensure they were resolved as soon as practical. Residents who spoke with inspectors were aware how to raise a complaint.

#### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had applied to vary conditions 1 and 3 of the registration of Charleville Nursing home and to increase the bed capacity from 29 to 60 residents. The appropriate fees were paid and the necessary documentation submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had the required experience and qualifications for the role. The person in charge was knowledgeable of residents' individual needs and residents were aware of who was in charge of the centre.

Judgment: Compliant



## Regulation 15: Staffing

Inspectors found that the staffing levels after 10pm at night were inadequate to provide supervision and attend to the care needs of the 29 residents living in the centre, particularly taking into account the layout of the building. There was one registered nurse and one care assistants rostered after 10 pm at night. The inspectors found that residents, who walked with purpose were not adequately supervised during this time, as they were entering other residents rooms and disturbing their sleep. The provider agreed to roster an extra care staff member with immediate effect on the night of inspection.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

There was a schedule of both face-to-face and online training in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. An inspector reviewed training records and the training matrix and saw that staff working in the centre were up to date with their training in fire safety, safeguarding of vulnerable adults and responsive behaviour in line with the centre's own policy. Staff were appropriately supervised and supported to perform their respective roles by the person in charge and a clinical nurse manager.

Judgment: Compliant

## Regulation 21: Records

The inspectors found that records were stored securely. Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection. A sample of four staff files reviewed showed that they met the requirements of Schedule 2 of the regulations. Garda vetting was in place for all staff prior to commencement of employment in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff

were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. There was evidence of adequate resources in the centre.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Although each resident had a contract of care, on review of a sample of three contracts, an inspector noted that the fees to be charged to residents were not clearly outlined. Contracts had details pertaining to the cost per bed each week, when residents were availing of the Nursing Home Support Scheme, however, it did not clearly identify the cost of care, or contribution the resident was required to pay each week.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. Some minor amendments were made on the day of inspection to ensure it contained all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the complaints records found that resident's complaints

and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations and these were kept under regular review by the person in charge in line with the regulations.

Judgment: Compliant

#### Quality and safety

The inspectors found that the care and support provided to residents was of a good standard and person centred. Residents told the inspectors that staff were kind and caring and ensured a warm and homely atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through good access to healthcare.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas observed in use by residents on the day of inspection. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to guide residents. The outdoor internal garden was easily accessible for residents' use.

Residents living in the centre had good access to medical services. There was a good system in place for referral and review by allied health and social care practitioners such as physiotherapists, speech and language therapists and dietitians. Residents had a detailed individualised care plan in place on their admission to the centre. Validated assessment tools were used to inform care planning. An inspector reviewed a sample of care records and saw that these were person-centred and updated, when residents' needs changed.

Residents weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Modified diets and specialised diets, as prescribed by health care or dietetic staff were implemented and adhered to. There was an adequate number of staff to ensure that residents who required assistance could be provided with it in a timely manner. The inspector saw that residents were provided with a choice at

mealtimes.

The centre was actively promoting a restraint-free environment and there was a low use of bedrails in the centre. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the resident concerned, where possible. The inspectors saw that where residents experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), person centred care plans were in place to direct staff.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents, who spoke with inspectors, reported that they felt safe living in the centre.

The centre had a risk register that detailed centre specific risks, risk ratings, the controls implemented and an owner of each risk. Residents had clinical risk assessments completed and control measures were in place.

A review of fire precautions in the centre found there was good oversight of fire safety management. The person in charge was reviewing fire safety and inspectors found that records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were available for review. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. The inspectors found that there were opportunities for residents to participate in meaningful social engagement and activities. Residents meetings were held and records reviewed showed good attendance from the residents. There was evidence that residents were consulted about the quality of the service, food choices and quality and activities. Dedicated activity staff implemented a varied and interesting schedule of activities that was available each day.

## Regulation 11: Visits

The inspectors saw a number of visitors coming and going to the centre during the inspection. Visitors and residents told the inspectors that there was no restrictions on visiting and they were satisfied with the arrangements in place

Judgment: Compliant

## Regulation 12: Personal possessions

There was adequate space for personal storage that included secure storage for safe-keeping of valuables and money for residents. The inspectors saw that some residents' rooms were personalised with photographs and their personal possessions. The person in charge ensured that residents retained control over their own clothes and that clothes were laundered and returned to residents in a timely manner.

Judgment: Compliant

## Regulation 17: Premises

The premises were found to meet the requirements of Regulation 17 and Schedule 6 of the regulations.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. The inspectors saw that menu choices were clearly displayed in the centre, both in picture format on the walls of the dining room and on menus displayed on each table. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

## Regulation 26: Risk management

There was a risk management policy in place, to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

### Regulation 28: Fire precautions

There was good oversight of fire safety management in the centre, and systems in place to monitor and capture fire safety risks. For example, through the weekly fire alarm test, the person in charge identified that a number of fire doors did not release when the fire alarm was activated. This was identified on the Friday before the inspection, and a contractor had been arranged to be on site the next day.

The person in charge put mitigating controls in place and staff spoken with were aware of the risk.

The fire safety systems, including fire fighting equipment, emergency lighting and the fire detection and alarm system were all being serviced at the appropriate intervals.

Fire containment was observed to a good standard. Minor gaps in fire doors were observed, but were not more than would be expected and this would be captured in the providers own fire door audit programme.

The inspectors saw that the work to widen exits into and from each of the escape stairs was complete and finished to a high standard.

Staff spoken to were aware of the recent work to widen exits and confirmed to inspectors that they had received appropriate training and had completed drills to simulate the evacuation of residents, both through the widened exits and vertically down the stairs.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were adequate systems in place for the safe administration and storage of medicines. Controlled drug records and drug administration records were maintained, in line with professional guidelines. An inspector reviewed records which confirmed that two registered nurses checked and counted controlled medications at the beginning of each shift.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident that residents had a completed comprehensive assessment and care plans were documented within 48 hours of admission, as per regulatory requirements. Care plans were reviewed as required and were supported by clinical risk assessments using validated tools. Care plans were found to be person-centred and contained the detail required to direct care. Some residents had life stories completed or a key to me, to assist staff to ensure residents likes dislikes, hobbies and interests were known and understood by staff.

Judgment: Compliant

## Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists.

Judgment: Compliant

## Regulation 8: Protection

The inspectors found that staff had training to ensure they had up-to-date knowledge and skills in relation to staff protection and safeguarding vulnerable adults. Incidents and or allegations of abuse were investigated in line with the centre's policy by the person in charge.

An inspector reviewed residents' finances and records of monies and valuables handed in for safe keeping. Robust management systems and practices were seen to be implemented.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that residents had opportunities to participate in meaningful group and individual activities. These were facilitated by appropriately experienced staff. The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to exercise choice in how they led their daily lives. Residents had unrestricted access to television, radio, newspapers and telephones. Residents' meetings were held regularly in the centre to seek residents views on the running of the centre.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration | Compliant               |
| Regulation 14: Persons in charge   | Compliant               |
| Regulation 15: Staffing  | Substantially compliant |
| Regulation 16: Training and staff development  | Compliant               |
| Regulation 21: Records   | Compliant               |
| Regulation 23: Governance and management   | Compliant               |
| Regulation 24: Contract for the provision of services  | Substantially compliant |
| Regulation 3: Statement of purpose   | Compliant               |
| Regulation 31: Notification of incidents   | Compliant               |
| Regulation 34: Complaints procedure  | Compliant               |
| Regulation 4: Written policies and procedures  | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 11: Visits  | Compliant               |
| Regulation 12: Personal possessions  | Compliant               |
| Regulation 17: Premises  | Compliant               |
| Regulation 18: Food and nutrition  | Compliant               |
| Regulation 26: Risk management   | Compliant               |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 29: Medicines and pharmaceutical services   | Compliant               |
| Regulation 5: Individual assessment and care plan  | Compliant               |
| Regulation 6: Health care  | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights  | Compliant               |

# Compliance Plan for Charleville Nursing Home OSV-0008616

Inspection ID: MON-0041261

Date of inspection: 18/04/2024

## 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  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• The Person in Charge (PIC) is supported by a regional Healthcare Manager (HCM) who visits the home at least weekly. During this meeting the operation of the nursing home including a review of staffing is discussed.</li> <li>• The PIC with support from HCM will ensure that there are always sufficient staff numbers and skill mix on duty to meet the assessed care needs of all residents.</li> <li>• The PIC will consider the size and layout of building when completing rosters and staff will be assigned accordingly, paying particular attention to nighttime hours.</li> <li>• The roster was adjusted on day of inspection to incorporate a second healthcare assistant on night shift.</li> </ul> |                         |
| Regulation 24: Contract for the provision of services  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:<br>The Contract of Care will be revised and the fees to be charged to residents will be clearly outlined. Contracts will clearly identify the cost of care and the contribution the resident is required to pay each week.   |                         |



## 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. | Substantially Compliant | Yellow      | 31/05/2024               |
| Regulation 24(2)(b) | The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.                                  | Substantially Compliant | Yellow      | 30/06/2024               |