



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Thomond Lodge Nursing Home
Name of provider:	Thomond Care Services Limited
Address of centre:	Ballymahon, Longford
Type of inspection:	Unannounced
Date of inspection:	16 February 2023
Centre ID:	OSV-0000109
Fieldwork ID:	MON-0037272

About the designated centre

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

The designated centre provides 24-hour nursing care to 48 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is purpose-built providing single ensuite bedroom facilities and a variety of communal spaces. The philosophy of care is to provide a high standard of care and welfare in a living environment that maintains residents' independence and well-being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Thursday 16 February 2023	09:45hrs to 18:30hrs	Leanne Crowe	Lead
Thursday 16 February 2023	09:45hrs to 18:30hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Overall, the inspectors found that residents were generally content living in the designated centre. Residents had good opportunities for social engagement and were supported to participate in activities. However, a number of actions were required to bring the centre into compliance with the regulations, in order to ensure the quality and safety of resident care.

This was an unannounced inspection which was carried out over one day. Upon inspectors' arrival to the centre, they were greeted by a staff member who guided them through the required COVID-19 infection prevention and control measures, including completion of hand hygiene and a temperature check. Following an introductory meeting with the person in charge and a person participating in management (PPIM), inspectors walked around the centre which gave them an opportunity to meet with residents and staff as they prepared for the day. The inspectors observed that many residents were relaxing in the communal areas. Some residents were observed enjoying an activity in a communal sitting room. Inspectors observed that staff mingled among the residents, providing assistance and encouragement as necessary.

Thomond Lodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is a single storey building situated in Ballymahon, Co. Longford. The designated centre is registered to accommodate a maximum of 48 residents in single bedrooms with ensuite facilities. On the day of this inspection, there were 47 residents living in the centre.

The centre was homely and well furnished throughout. There were a number of communal room available to ensure that residents had sufficient comfortable space to congregate, such as a sitting room and a library. Additional seating was located adjacent to the nurses station and the inspectors observed that a number of residents chose to spend their day in this area. A designated visitors' room was also available if residents wished to meet their visitors in private.

Residents' bedrooms were personalised with items such as their photographs, artwork and ornaments. Residents' bedrooms had sufficient space to meet their needs including adequate wardrobe and storage space for their clothes and personal belongings. Resident bedrooms appeared clean and generally well laid out.

Handrails were in place along both sides of all corridors and in communal and ensuite bathrooms to enable residents to mobilise safely throughout the centre. As inspectors walked throughout the centre, they noted that residents were well groomed and appropriately dressed.

Inspectors observed interactions between staff and residents throughout the day. Residents were supported in an unhurried manner with staff seen to give residents time and space to make their views known. There were sufficient numbers of staff

available to respond to residents need.

The inspectors observed that residents' call bells were answered promptly by staff. Inspectors also observed that the communal rooms were supervised at all times.

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms. Visitors were satisfied with the arrangements that were in place to facilitate visits at the time of the inspection.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

Although the inspectors found that some improvements had been implemented since the last inspection, the governance and management systems that were in place did not ensure that the care and services provided for the residents were consistently safe and appropriate.

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). During the service's previous inspections in May and October 2022, a number of non-compliances had been identified in areas such as infection control, governance and management, individual assessment and care planning and health care. The compliance plans submitted by the provider to address these findings was assessed at this inspection to determine whether all actions had been effectively carried out. The inspectors found that some of these actions were completed but some remained outstanding in relation to some regulations such as infection control. Additionally, inspectors identified immediate risks to residents in relation to wound care and pain management and consequently issued an urgent action plan to the registered provider. Adequate assurances were submitted to the Chief Inspector in response to this action plan.

Thomond Care Services Limited is the registered provider for Thomond Lodge Nursing Home. The company's chairperson represents the provider entity and attended the centre on the morning of the inspection. There was a well-established and clearly defined management structure, which included the centre's person in charge, the financial administrator and a clinical nurse manager (CNM), all of whom worked in the centre on a full-time basis. The person in charge was further supported by a team of nurses, health care assistants, activity, catering, domestic and maintenance staff.

There were systems in place to monitor the service but these were not sufficiently robust. For example, management team meetings were occurring on a regular basis and records of these were available for review. While the meetings discussed items such as staffing, training and other key areas of the service, arising actions or confirmation of completed actions were not always clearly stated. Additionally, while the quality and frequency of some audits had improved since the last inspection, more focus and effort was needed to ensure that deficits in the service were being identified and that action plans were being developed to address these deficits. For example, audits of residents' quality of life completed in May and June 2022 identified similar issues in relation to mealtime experiences but no action plans had been developed to address these. An environmental audit from August 2022 had identified the requirement to regularly descale sinks but inspectors found heavy lime scale on sinks in the centre's sluice room and laundry room on the day of the inspection. Furthermore, areas of improvement identified by the inspectors in relation to assessment and care planning and skin integrity had not been identified through the centre's auditing programme. As a result, inspectors could not ensure that there was sufficient oversight of the quality and safety of the service.

There was a training programme in place for staff. Since the last inspection, a number of staff had completed refresher training in relation to the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed supporting residents appropriately throughout the inspection. While the majority of staff had up-to-date training in fire safety, safeguarding of residents and moving and handling practices, a small number of staff required initial or refresher training in these areas.

Inspectors reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such for such services.

Policies and procedures, as required by Schedule 5 of the regulations, had been recently reviewed and updated. These were available for review by staff and were implemented, however, improvement was enquired to ensure that these were appropriately followed, such as in relation to medication management.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre, which contained all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations. They worked full time in the designated centre and were well known to residents and staff.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff to meet the assessed needs of residents. There was at least one nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

While there was a training programme in place, a review of records indicated that approximately 5 staff members required initial or refresher training in moving and handling, fire safety and the safeguarding of residents. Inspectors' findings in relation to wound care demonstrated that training was required in this area to ensure that residents' needs could be met.

While there were a suite of policies and procedures in place to support the operation of the service, additional supervision was required to ensure that staff appropriately implemented these policies in practice.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A review of the directory of residents found that the information specified in 3(h) of Schedule 3 was not entered into the directory for all residents as follows;

- The name and address of any authority, organisation or other body which arranged the resident's admission to the designated centre.

Judgment: Substantially compliant

Regulation 22: Insurance

A current insurance contract was in place that had an appropriate level of insurance covering injury to residents and their property.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors were not assured that there were management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- The arrangements in place to meet the assessed needs of residents in relation to wound care and pain management were not robust. There was insufficient oversight of these areas by the nursing management team to minimise the risk of residents experiencing pain or developing wounds and to ensure positive outcomes for residents. An urgent compliance plan was issued to the provider in relation to these non-compliances, to ensure that they were addressed promptly
- While there was evidence of audits being carried out, some of these audits were not sufficiently detailed and did not provide assurances that they could inform findings or associated action plans. Additionally, completed audits had failed to identify some of the non-compliances found on this inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care were reviewed, which outlined the terms and conditions of the accommodations and the fees to be paid for various services.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a suite of Schedule 5 policies in place in the centre. Policies were made

available for staff relevant to their roles and responsibilities.

Judgment: Compliant

Quality and safety

Overall, the majority of residents who spoke with inspectors felt that they received a good standard of service and that their rights were respected. However, the inspectors found that significant improvements were required to ensure that residents who had needs in relation to wound care and pain management received safe and appropriate care in a timely manner. Actions were also required to bring the centre into compliance with areas such as Regulations 27, Infection Control and Regulation 29, Medicines Management.

The inspectors reviewed a sample of residents' files and there was evidence that staff used validated tools to carry out assessments of residents' needs. These assessments included the risk of falls, malnutrition, assessment of cognition and dependency levels. However, records did not evidence that staff had completed a comprehensive assessment of some residents' needs following their admission to the centre. Additionally, the assessment of residents' pain required improvement to ensure that pain was appropriately managed. For example, one resident who informed inspectors that they were experiencing pain on a daily basis did not have records of regular pain assessment and staff could not confirm that this resident's pain was assessed at appropriate intervals.

Furthermore, a number of the care plans reviewed by the inspectors did not include sufficient up-to-date information in relation to residents' current needs. As a result, these care plans did not provide staff with the knowledge they needed to give safe and appropriate care as needed. Inspectors also found that a number of care plans did not provide assurances that they were being completed in consultation with the resident and/or their representative. For example, these care plans did not include the residents' individual preferences, wishes and usual routines, and as such were not person-centred. This is discussed further under Regulation 5, Assessment and care planning.

Residents had regular access to general practitioners (GP), as well as specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals. However, referrals to tissue viability services were not always timely which resulted in poor outcomes for two residents. This is discussed further under Regulation 6, Health care.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and speech and language therapy specialists. There was evidence that their recommendations were implemented by

staff.

There were facilities for residents to engage in recreational and occupational opportunities. There was a range of activities available to residents, in accordance with their interests and capacities. Residents were supported to engage in meaningful social activities including exercise, religious services, bingo, live music and other games. Residents were also supported to attend regular group outings, with recent examples including a concert and a pantomime at Christmas.

A small number of residents experienced responsive behaviours. Inspectors found that the national restraint policy guidelines were being implemented and that there was a commitment to minimising restraint use in the centre. Alternative measures to restrictive practices were assessed and procedures were in place to ensure they and any other arrangements did not pose prolonged or unnecessary restriction on residents.

Residents had access to an independent advocacy service. Information about this service was displayed in the reception area of the centre. Resident meetings were found to take place on a monthly basis. A review of the meeting records indicated that agenda items including COVID-19, visiting arrangements, meals and outings were discussed by residents. Residents had access to local and national newspapers, television and radio.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm and residents described the centre as homely and comfortable. Residents' bedrooms were spacious, comfortable and had been individually personalised by the residents. There were a variety of nicely decorated communal rooms available for residents, such as a library, oratory, dining room and large sitting room. Additionally, there were nicely landscaped courtyards surrounding the centre.

Inspectors found that the provider was progressing with plans to implement actions in relation to infection control from the last inspection. Overall, the premises was clean and well maintained. There was evidence that antimicrobial resistance stewardship initiatives were in development. Whilst there was evidence of good practices in relation to infection prevention and control, further action was necessary to bring the centre into compliance and these findings are discussed under Regulation 27: Infection control in this report.

Measures were in place to safeguard residents from abuse. All staff interactions with residents observed by the inspectors were kind and caring.

Visiting was facilitated for residents in line with public health guidelines. The inspectors observed visitors coming and going throughout the day of inspection.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place in line with the current Health Protection Surveillance Centre (HPSC) guidance and public health advice. Inspectors observed a number of residents receiving visitors in their bedrooms or in communal areas, in line with their preferences.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to their personal possessions and had adequate storage space in their bedrooms to secure personal items safely.

Judgment: Compliant

Regulation 17: Premises

The private and communal areas of the premises met the needs of residents.

Judgment: Compliant

Regulation 27: Infection control

The provider was in the process of addressing actions identified at the previous inspection. Further actions were required to ensure that the designated centre fully met the requirements of this regulation and the National Standards for Infection Prevention and Control in Community Services (2018), for example;

- While cleaning trolleys were now being stored in a separate room from the centre's sluice room, cleaning equipment and supplies were still stored in the sluice room. This arrangement increased the risk of environmental contamination and cross infection
- Inspectors found heavy dust on storage racks for the purpose for storing continence equipment to dry following decontamination
- Items of equipment and boxes of supplies were inappropriately stored on floor of the laundry and sluice room. This hindered effective floor cleaning and posed a risk that items stored on the floor would become contaminated
- The floor covering in the laundry and sluice room was damaged and need of repair, this did not support effective infection prevention and control
- There was evidence that staff were working between cleaning and laundry

duties within the same shift. This was not an appropriate allocation of duties as it posed a risk of cross contamination within the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While regular evacuation drills were being carried out, the inspectors were not assured that a large compartment providing sleeping accommodation for up to eight residents, could be evacuated in a timely, safe and effective manner when staffing levels are lowest. This requires a review by the provider in order to ensure the safety of residents in an evacuation situation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some medication management practices required review:

- Transcribing of medication was not always in line with best practice. For example, medications were transcribed to a medication administration record (MAR), without cross checking against a general medical prescription or medication kardex. This posed the risk of a medication error occurring.
- Some medication kardex which were transcribed by nursing staff, were unsigned by a General Practitioner. This was a breach of the centre's own medication management policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The provider needed to take action to ensure that each resident's health and social care needs were identified and that care interventions were clearly described. In addition, the oversight of care in relation to the findings set out below was not robust and did not ensure good outcomes for residents. For example:

- Not all residents had comprehensive assessments completed and therefore there was a risk that some of their care needs would not be identified. For example, one resident who had known continence needs prior to their admission had not had a continence assessment completed within 48 hours of admission to the centre. The requirement for this assessment to be

completed had been identified at two management meetings prior to the inspection, however this assessment had not occurred as of the day of the inspection. Additionally, inspectors were not assured that pain assessments were being carried out by staff at appropriate intervals. This did not ensure that residents' needs were being adequately met.

- In some cases, some care plans were not completed within 48 hours of the resident's admission, as required by the regulations. This posed a risk of delay in identifying and meeting residents' needs . For example, not all residents had an end of life care plan in place and this did not ensure that their end of life care preferences and needs would be met. Furthermore, one resident reviewed did not have a plan of care to support their pain management
- On the day of the inspection, there were limited records available to assure the inspectors that the residents were repositioned in accordance with their plan of care. While examples of these records were submitted following the inspection, a number of care, nursing and nursing management staff members spoken with on the day of the inspection were not able to guide inspectors to these records.

Judgment: Not compliant

Regulation 6: Health care

Inspectors were not assured that residents who required specialist advice in relation to wound care, had access to additional professional expertise where required or that evidenced-based care was consistently provided to residents in line with allied health care recommendations. For example:

- One resident's care plan recorded two wound treatment plans, neither of which were being implemented at the time of inspection
- A resident who had developed a wound was not referred to tissue viability services for almost four months after the wound developing, despite a deterioration in the wound being identified and recorded
- Two residents who had been assessed for pressure relieving equipment were not using the recommended treatment as prescribed on the day of the inspection
- A resident receiving wound care was not referred for a further review by tissue viability services, despite staff determining that the recommended measures were no longer effective.

Judgment: Not compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse. The person in charge confirmed that all staff had An Garda Síochána in place. The provider was not a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that not all residents were being facilitated to exercise choice in relation to their daily routines. For example, one resident was not supported to sit out in line with their care plan or expressed wishes. The impact of this on the resident's quality of life and wellbeing required inspectors to issue the provider with an urgent compliance plan in order to gain the necessary assurances.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Thomond Lodge Nursing Home OSV-0000109

Inspection ID: MON-0037272

Date of inspection: 16/02/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>With regard to regulation 16(1)(a) We shall ensure that staff have access to appropriate training through;</p> <ul style="list-style-type: none"> . Fire training is scheduled for 30th March to take in all staff who are due refresher training and any new staff due to join us before the end of the month. . Manual handling training, refresher training for all staff requiring training will be completed by end of April. . Safeguarding, refresher training is currently taking place and all staff requiring refresher training will have completed same by end of March. . Training in Restrictive practice and infection prevention and control took place on 15th March. . Wound care training has been scheduled for 29th March to cover Wound Healing, Wound Bed preparation, Treatment options, learning outcomes and putting into practice. . Wound care training has also been scheduled for 23rd May with the Regional centre of nursing and midwifery education, Tullamore. . Our IPC Link nurse completed infection prevention and control train the trainer programme on 24th February. . All staff nurses are aware of the importance of contacting the Tissue Viability Nurse in a timely manner and ensuring that care plans are updated to reflect any instructions received. 	

. Emphasis will be placed in the importance of exercising and implementing our own policies and procedures and Nursing staff will ensure that comprehensive supervision is provided to all staff to ensure that staff appropriately implement these policies and procedures in daily practice.

Regulation 19: Directory of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 19: Directory of residents:
 We shall come into compliance with regulation 19(3) by;
 All information specified in 3(h) of schedule 3 has now been fully completed in the directory of residents and shall be comprehensively completed on all admissions going forward to comply with Regulation 19.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 We shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored by;

. The gathering of information for Clinical audits such as wound management has commenced with audits completed in February. These audits are part of our planned schedule for quarterly audits for the coming year and shall be discussed during our management meetings to inform best practice for nursing staff and used as a learning tool for all clinical staff. Audits shall be more comprehensive and robust in identifying any short comings in our service.

. A system of review of all HCA and nursing documentation has been put in place to ensure that there are no gaps in HCA records. Following audits it has been decided that nursing staff shall complete SSKIN Bundle records. More comprehensive monitoring of Turn Schedules are now in place and education and supervision around these areas is more robust.

All residents who have pressure wounds currently have been reviewed by the Tissue Viability Nurse and the GP. The tissue viability nurse has carried out video wound

assessments and the care plans have been updated to reflect her recommendations. There is ongoing consultation with the TVN with regard to all wound care and this is evidenced in wound care plans and the daily nursing notes.

Pain management has been reviewed and a plan is in place in conjunction with GP and palliative care team for those who require same.

Pain scale documented every time resident is given analgesia and effects monitored and recorded.

OT referrals sent in relation to those residents requiring same.

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

- . Cleaning equipment and supplies will now be stored in designated storeroom and not in the sluice room to avoid cross contamination.
- . The sluice room has now been added to the cleaning schedule to ensure that all surfaces are clean and dust free.
- . Floors are now free of any items which will hinder effective floor cleaning.
- . Floor covering in the laundry will be repaired to support effective infection prevention and control.
- . Separate cleaning and laundry shifts are now evident on our roster, so that there is now no mixing of staff between cleaning and laundry during the same shift reducing the risk of cross contamination.

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

.In accordance with Regulation 28 a review of fire compartmental evacuations has been carried out and further training will be completed with our fire instructor during our training course on 30th March. We shall ensure adequate arrangements for evacuating, where necessary in the event of a fire, all persons in the designated centre and safe placement of residents. We have increased our nighttime hours to include a 16 -24hr

shift. This will be continuously monitored and assessed.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

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

. Each Kardex now has the current prescription attached. Transcribing will be carried out directly from the prescription. We shall ensure these are signed in a timely manner by the GP as per our medication policy.

Regulation 5: Individual assessment and care plan

Not Compliant

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

We shall in so far as is reasonably practical arrange to meet the needs of each resident when they have been assessed in accordance with paragraph (2) by ensuring that assessments to meet resident's health, personal and social care needs are completed no later than 48 hours after the admission and shall be reviewed 4 monthly or as required, which will inform our care plans and to ensure that residents needs will be met.

All assessments shall be carried out in a timely manner.

A cross-check with care plans and assessments are also to be carried out to ensure that they have been updated and giving clear guidance to all staff on the appropriate care to be provided to residents to ensure the best outcome for all of our residents.

Records of when residents are repositioned in accordance with their plan of care are recorded in our Epicare system by the Healthcare Assistants, there records are now more comprehensively supervised by nursing staff to ensure accurate up to date records and ensure resident comfort at all times.

This will be measured through regular audits to ensure effective record keeping and best possible care for our residents.

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> . We shall having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidenced based nursing care in accordance with professional guidelines issued by An Bord Altranais and in so far as is reasonably practical, make available to the resident where care referred to in paragraph (1) or other health care services requires additional professional expertise, access to such treatment having regard to . Updating of all resident's care plans to reflect current treatment plans and any changes as they may occur. . Timely referral to multi disciplinary's to include Tissue Viability Nurse. We shall also ensure that all communication is ongoing with the Tissue Viability Nurse in respect of any wound dressing or care which we feel are no longer effective and seek further instruction, which will be updated immediately in their care plan. . We shall ensure that all residents are using pressure relieving equipment as prescribed on assessment in their care plans. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Under regulation 9 (3) we shall in so far as is reasonably practical ensure that all residents may exercise in so far as such exercise does not interfere with the rights of other residents.</p> <p>We shall ensure that support if given to all residents to exercise choice in relation to their daily routines in line with their care plans and their expressed wishes.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	28/02/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	23/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	30/03/2023

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/03/2023
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.	Substantially Compliant	Yellow	28/02/2023
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).	Not Compliant	Red	23/02/2023
Regulation 5(2)	The person in	Not Compliant	Orange	15/04/2023

	charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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	15/04/2023
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	Not Compliant	Red	23/02/2023

	from time to time, for a resident.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Red	23/02/2023
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 not interfere with the rights of other residents.	Not Compliant	Red	23/02/2023