



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

Issued by the Chief Inspector

Name of designated centre:	Ratoath Manor Nursing Home
Name of provider:	Ratoath Nursing Home Limited
Address of centre:	Ratoath, Meath
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0000152
Fieldwork ID:	MON-0035549

About the designated centre

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

Ratoath Manor Nursing Home is set in the village of Ratoath in County Meath. The two-storey premises was originally built in the 1820s and is located on landscaped gardens. It now provides accommodation to 60 male and female residents over 18 years of age. Residents are admitted to the centre on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Residents of all dependency levels are provided for. Residents are accommodated in single and twin bedrooms across three units; St Oliver's Unit, St Patrick's Unit and Ground Floor Unit. A proportion of these bedrooms have en-suite sanitary facilities. Communal shower rooms, bathrooms and toilets are available throughout the building. A variety of communal rooms are provided for residents' use across both floors, including sitting, dining and recreational facilities and an oratory. A number of outdoor areas are also available, including large gardens on the ground floor and two internal courtyards on the first floor. The registered provider employs a staff team consisting of managers, registered nurses, care assistants, activity coordination, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

60

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 24 March 2022	09:15hrs to 18:30hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

The general feedback from the five residents that the inspector spoke with was that they were satisfied with the care and service provided. The inspector noted staff to be responsive and attentive in attending to residents' requests and needs. The inspector observed residents moving freely around the centre, with some residents observed attending sitting rooms. Residents were well-groomed, and the inspector saw that staff were respectful and courteous towards residents, with many positive interactions between staff and residents observed.

The inspector completed a walkabout of the centre on the morning of the inspection together with the person in charge who facilitated the inspection. The inspector observed that the new painting on the corridors of the centre and two storage rooms on the ground floor had positively enhanced the environment for staff and residents. The corridors were nicely decorated with artwork. Bedroom accommodation was provided on both floors in single and twin bedrooms. The inspector saw that some surfaces of furniture in the bedrooms were worn and damaged, which made it difficult to effectively clean. The person in charge outlined that there is a renovation plan in place to replace the furniture in the bedrooms. Some residents had brought in their personal memorabilia or had pictures of their families framed in their rooms. The inspector also observed that the design and layout of some multi-occupancy bedrooms presented a challenge in affording residents adequate private space. There were plenty of communal spaces and rooms in the centre, with one large day room on the ground floor and two smaller rooms on the first-floor units.

The inspector observed that work had been undertaken to create a nursing office by removing a communal bathroom in St Oliver's unit. However, the Chief inspector's office was not informed about this change in the premises of the centre.

The inspector saw that residents were offered a choice at mealtimes. Residents who spoke with the inspector were very happy with the range of food on offer. The tables during the lunchtime meal were presented with condiments and tablecloths. The inspector observed the dining room and saw that the staff provided assistance when required. However, some practices required improvement to ensure meals were consumed while hot and modified drinks were prepared based on the therapeutic needs of the resident.

The activity coordinator and the staff supported some residents to engage in social activities. Many residents were observed enjoying activities and socialising throughout the day. One-to-one sessions also took place to ensure that all residents could engage in suitable activities. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available.

Visitors were observed coming and going throughout the day of the inspection. Staff

were familiar with them and made them feel welcome. Visitors who spoke with the inspector were complimentary of the care provided to their relatives in the centre. The person in charge had implemented a new visiting schedule, and a new visitors liaison officer was appointed to work in the centre to support residents and families with their visiting arrangements in the centre.

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

The inspector found that the governance and management systems within the centre required improvements. The centre was previously inspected in September and November 2021. The inspector found that the provider had taken action to address some of the non-compliances identified; however, stronger oversight of the quality and safety of the service was required, as evidenced by repeated findings of substantial or non-compliance in the areas of staff supervision, medicine management, food and nutrition, the premises, resident's rights and infection control.

This was an unannounced risk-based inspection carried out over one day by the inspector of social services to monitor compliance with the regulations and to follow up on the actions taken to address non-compliances found in the two previous inspections carried out in 2021.

The centre had experienced an outbreak of COVID-19, which was declared over by public Health in February 2022 which affected nine residents and several staff members. During the outbreak, the centre had engaged with the local public health team for support and advice.

Ratoath Nursing Home Limited, which is part of the Silverstream group, is the registered provider of Ratoath Manor Nursing Home. There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge was responsible for the day-to-day operations of the centre and was supported in their role by an assistant director of nursing. There were deputising arrangements in place for when the person in charge was absent.

The staffing rosters reflected the staff on duty in the centre on the day. Agency staff had been deployed to support the centre's own staff through the outbreak of COVID-19 and the associated increased staffing needs. The inspector was informed that there were ongoing recruitment efforts in place to maintain safe and consistent staffing levels. The staff training matrix indicated that most staff were up-to-date with their mandatory training.

The inspector observed that regular staff and management meetings had taken

place. A program of audits was in place that covered a wide range of topics, including falls analyses, wound care, infection prevention and control, care plans and weight loss management. Some of the management systems in place to oversee the effective running of the service required to be strengthened; this included the audit of medication management, risk management and premises, and infection control facilities to ensure they were effective at identifying areas for improvement.

There was a robust system to oversee clinical incidents in the centre. Incidents, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frames. Falls of the residents were analysed and reviewed regularly to identify any trends and reduce the risk of recurrence where possible. However, the inspector observed that the neurological observations were not completed and recorded post all falls.

There was evidence of consultation with residents in the planning and running of the centre. Regular residents meetings were held, and residents' and family surveys were completed. The inspector was informed that the annual review of the quality and safety of care provided to residents in 2021 has currently been prepared.

There were low levels of complaints recorded. Residents who spoke with the inspector were aware of how to raise a concern or make a complaint at the centre.

Regulation 15: Staffing

There were sufficient staff on duty, in various roles, on the day of inspection to meet the assessed needs of residents. There were at least two registered nurses on duty every day and night.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had identified gaps in training due to the recent COVID-19 outbreak in the centre. There was an ongoing schedule of training in place to support staff to perform in their roles.

Judgment: Compliant

Regulation 23: Governance and management

While there were comprehensive management systems established, some of the management systems and managerial oversight in place to oversee the effective running of the service were not sufficiently robust as not all issues identified from the previous inspections were adequately addressed. The inspector identified a number of outstanding issues:

- The oversight of the medication documentation systems required improvement to ensure that the nursing documentation is always kept to a high standard in order to comply with professional guidelines for nursing staff and protect residents from unsafe practices.
- While there was a schedule of audits in place in the centre, further audits and analyses of medicine management were required to identify any trends and errors and, where possible, reduce their occurrence.
- The inspector found that the oversight of risk management in the centre was not sufficient. The provider had not fully addressed the risk that the inspectors identified during the inspection carried out in September 2021. For example, there was a large hole in the ceiling of a communal shower facility in the St Oliver's Unit, which the inspectors identified as a fire safety and health and safety risk to staff or residents or staff, which could potentially be injured in case of collapse. These risks were not included in the centre's risk register to mitigate the identified hazard. Furthermore, the room was observed to be in use by the residents despite a sign on the door that stated that it was 'out of order'. The person in charge confirmed that the communal shower facility was being used by residents.
- The cautionary signage to alert people of the risk associated with oxygen concentrators was also not in place.
- The oversight and management of infection control practices in the centre remained insufficient.
- The provider had failed to inform the Chief Inspector of the decision to replace a communal residents' bathroom with a nursing office in St Oliver's unit.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Four contracts for the provision of services were examined, and these included details of the service provided, and the fees to be charged for such services. However, not all contracts included details about whether the bedroom available for the resident is single or multi-occupancy. The person in charge informed the inspector that this is currently under review.

Judgment: Substantially compliant

Regulation 30: Volunteers

There was one person involved on a voluntary basis with the designated centre on the day of the inspection. They had their roles and responsibilities set out in writing and were supervised and supported by staff employed in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's incident and accident log that was stored electronically and found that all required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaint procedure was in place to ensure all complaints were logged and investigated. A review of the complaints records found that the complaints log included details of the complaint, investigation and outcome of any complaints and whether the complainant was satisfied.

Judgment: Compliant

Regulation 4: Written policies and procedures

The schedule five policies were in place and available for review. Medication management policy however was not fully implemented in practice as further detailed under Regulation 29: Medicines and pharmaceutical services.

Judgment: Compliant

Quality and safety

The inspector found that residents felt safe and were supported and encouraged to have a good quality of life in this centre. Staff worked tirelessly to provide care to residents whose care needs increased due to COVID-19 infection. Notwithstanding the positive findings, further review and development under Regulation 27: Infection Control, Regulation 17: Premises, Regulation 18: Food and nutrition, Regulation 9: Resident's rights and Regulation 29: Medicines and pharmaceutical services were required. Although the provider had taken some actions to address these findings, the actions taken were not comprehensive, and some of these non-compliances were repeated on this inspection.

Residents had access to medical care, with the residents' general practitioners providing on-site reviews. Residents were also provided access to other healthcare professionals in line with their assessed needs.

There was a risk management policy that addressed the requirements of the regulation. The centre's risk register was in place, including a COVID-19 risks assessment. In general, risks were identified, and controls were in place to mitigate risks; however, further development of the system was required as some risks found on the day of inspection had not been updated in the register.

Service and validation records were up-to-date for mobility aids and equipment used by residents. Infection Prevention and Control (IPC) measures were in place, and some improvements were found since the previous inspections. Housekeeping staff were knowledgeable about cleaning schedules, cleaning products and appropriate infection prevention and control practices. Monitoring systems for the detection of symptoms of COVID-19, such as temperature and symptom declaration, were in place for residents, staff and visitors. The centre had a COVID-19 contingency plan in place, which proved to be effective during the last COVID-19 outbreak in the centre. However, a number of issues were identified which had the potential to impact negatively on infection prevention and control standards. Although there were new storage facilities available in the centre, on the day of the inspection, better organisation of equipment was required to ensure the residents could freely use all communal facilities of the centre. The maintenance programme required improvement to ensure the premises were safe and fit for purpose and could be appropriately cleaned and disinfected.

The management of medications had not improved since the last inspection. Regular audits and reviews conducted of medication management by the pharmacist or general practitioner were not available. While there was a new electronic medicine system in place, the centre also used paper medication administration sheets (MARS). Discrepancies in the medication administration and transcription of the medication were identified on the day of the inspection. Furthermore, details such as allergies or 'crushing medication' status were missing or were not accurately recorded. This was significant should regular staff be unavailable and agency staff were responsible for the service, such as during an outbreak.

Regulation 11: Visits

Visits by residents' families and friends were facilitated according to current public health guidance. The centre had arrangements in place to ensure the ongoing safety of residents. Relatives spoken with were delighted that restrictions on visits had been eased, and they could visit their loved ones in the privacy of their own bedrooms if they wished.

Judgment: Compliant

Regulation 17: Premises

There were an insufficient number of bathroom and assisted toilet facilities to meet the needs of the residents. Specifically, in the St Oliver Unit, there were two toilets available for 17 residents, not all of which were assisted toilets or in close proximity to residents' bedrooms.

This unit had been registered with three assisted showers/bathrooms for 21 residents. The provider had removed one assisted bathroom and toilet to create a nursing station. Furthermore, one of the other shower rooms was not fit for purpose due to significant damage to the ceiling. This meant that, in effect, on the day of inspection, there was only one small shower facility that was fit for purpose and available for all the 19 residents who did not have an en-suite shower facility in their room.

The design and layout of two shared bedrooms required reconfiguration of wardrobes and a shared sink in order to ensure that each resident had the minimum required space required as per the regulation and that they could enjoy their privacy without interfering with the other resident's private space.

A number of items of furniture in the residents' bedrooms were in a state of disrepair and required replacement or refurbishment, including wardrobes, chairs and lockers.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector observed a dining experience in the centre. While staff offered a choice at mealtimes to residents and there was an adequate number of staff available to assist, the inspector observed that staff practices in respect of the dietary and therapeutic needs of residents prescribed by allied healthcare professionals were not in line with the best practice. As a result, the guide on the use of thickening agents to enhance the safety of swallowing was not always

correctly followed up. Additionally, the inspector observed that some meals were left to be uncovered on the table and were left to go cold.

Judgment: Substantially compliant

Regulation 27: Infection control

Systems and resources in place for the oversight and review of infection prevention and control practices required an immediate review. The inspector observed practices identified during the previous inspections carried out in September and November 2021. For example:

- Storage practices were not adequate; for example, some of the residents' equipment such as commodes, wheelchairs, a mattress, a vase, a raised toilet seat and two zimmer frames were inappropriately stored in two communal bathrooms used by residents in St Patrick's unit.
- Linen skips did not have a lid for safe transportation of linen, and staff had attached black bin bags used for the collection of waste onto the linen skip.
- The cleaning of equipment was not effective. The inspector observed that the hoist, weight scale, fridge, and medical equipment such as blood glucometers and oxygen nebuliser with the mask were unclean. Additionally, one glucometer was shared between three residents. The oxygen concentrator in the storage area was unclean, and the residual water had not been emptied.
- The temperature on the fridge to store medicine safely was not regularly recorded.
- Staff were observed carrying used linen in their hands along the corridor.
- The carpet on the corridors on the Ground floor unit was visibly unclean and worn out.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices were not in line with best practices or local policy, which led to unsafe practices. These were repeated findings from the last inspection;

- There were multiple examples where the medication transcribed as PRN (When required) did not have a maximum dose and an indication for when the medication should be administered.
- The allergy status of the resident was not documented on all medication administration sheets (MARS).
- There were numerous examples of inconsistencies between the prescribed

medicine times and administration times, with no rationale provided. Furthermore, a large number of medication omissions were not signed or accounted for.

- Residents' medicinal creams were stored randomly around the centre in the communal bathrooms. The opening date on some medications was also missing.
- Additionally, some prescriptions were not correctly reflecting if the medication required to be crushed.

Judgment: Not compliant

Regulation 9: Residents' rights

The following required to be addressed in relation to residents' rights:

- Residents accommodated in St Oliver's Unit had to travel long distances to access toilet and shower facilities and pass by a communal area in view of other residents. Furthermore, one shower facility was too small to accommodate residents that used assistive devices such as a hoist.
- The limited number of shower and toilet facilities impacted residents' privacy and dignity needs in St Oliver's unit. While the inspector acknowledged that the residents received assistance with their personal needs, the inspector observed practices which were institutionalised rather than person centred. For example, residents were allocated days when they were scheduled for a shower due to the refurbishment works in the centre.
- The layout of curtains in two twin bedrooms required review to ensure that residents' privacy was maintained at all times to prevent the reflection of the residents in the mirror while they would like to enjoy their private time.
- The door to the dining room on the St Patrick's unit was key-code locked, and residents did not have free access to the facilities in this communal area.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ratoath Manor Nursing Home OSV-0000152

Inspection ID: MON-0035549

Date of inspection: 24/03/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - The PIC has completed review of medication management, it was identified that GP was not regularly updating the Kardex as per the policy. This was since been corrected in conjunction with GP and pharmacy. - Regular medication audits are in place, errors identified, and immediate action taken. - Medication management training is in place for all the staff nurses, and this is delivered by the pharmacy annually or as required. - In addition, medication management e-training is also facilitated to all nurses on HSELAND platform. - The medication management system was reviewed and is in line with the policy. - The hole in the ceiling identified on the day of the inspection was related to loose paint on the lightweight plaster fixed over the solid concrete ceiling, this was being fixed on the week of the inspection and has since been fully repaired. - PIC has reviewed and updated all risk assessments and the centre risk register. - Oxygen concentrators are stored and secured in a designated area with visible signage. - Infection control practices are monitored and reviewed, these are discussed by the PIC with the staff team at weekly meetings to ensure a continued focus on the importance of IPC covering Hand hygiene, use of PPE etc. - The centre management conducts ongoing monitoring of hygiene standards of the communal bathrooms, communal toilets etc., this is done through flash monitoring and evidenced through regular audits. - A meeting was held on the 04.04.22 via web conferencing, where the registered provider representative met with the deputy chief inspector, regarding the physical infrastructure of the resident's communal bathroom and the nursing station in St. Oliver's unit. A decision was taken to maintain the purpose of the bathroom and works to reconfigure the bathroom to accommodate a toilet and a shower has been undertaken. - Going forward PIC will inform the inspector of any changes or amendments to the physical layout of the building. 	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> - All contracts are currently under review, should an amendment to the contract be necessary, this will be included and will be communicated to the residents and/or to their NOK. - The section identifying the bedroom type single (or) shared will be clearly identified within the contract. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - A meeting was held on the 04.04.22 via web conferencing, where the registered provider representative met with the deputy chief inspector, regarding the physical infrastructure of the resident's communal bathroom and the nursing station in St. Oliver's unit. A decision was taken to maintain the purpose of the bathroom and works to reconfigure the bathroom to accommodate a toilet and a shower has been undertaken. - To further increase the wet room capacity in the designated centre an additional wet room has been identified and works have been undertaken. - Two shared bedrooms for re-configuration have been assessed and have been undertaken. - New furniture has been ordered and will be received and scheduled to be delivered by June 2022. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> - The PIC has reviewed all the resident's dietary requirements, and their care plans updated accordingly. - Dysphagia training is provided to all staff members on a regular basis. - The correct use of thickener is monitored and regularly checked as per resident's care 	

plans and the staff team has access to same.

- Ongoing Mealtime observations is undertaken by staff nurses and the center management.
- On a quarterly basis an independent observer also assesses the quality of social interaction between staff and Residents and a report is generated and shared with the staff team for continuous improvement of resident's living experience.
- At the weekly staff meeting the staff team including kitchen staff are briefed, on how residents should be presented with hot meals and are required to be served to residents in a timely manner.
- The staff team has been regularly briefed that Food Containers should be kept always covered.

Regulation 27: Infection control

Not Compliant

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

- In the center equipment is no longer stored in communal shower rooms and the PIC and Centre management conduct regular supervision and monitoring to ensure this practice is maintained.
- Regular and adequate cleaning of equipment is carried out and monitored on an ongoing basis.
- Individual resident specific glucometers are in place and the non- invasive method of blood glucose monitoring is being sourced and training on the new system will be provided to the staff nurses.
- Oxygen concentrators are regularly checked when in storage or when in use.
- The fridge temperature record is checked and kept up to date daily.
- Information is regularly provided at daily handovers and at staff meetings to the staff team regarding the access of used linen and staff are to refrain from carrying linen to the corridor and must adhere to use of linen skips.
- The carpet on the corridors on the Ground floor has been undertaken to be replaced with new flooring.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

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

- On review of medication management, it was identified that the GP was not regularly updating the Kardex as per the policy. This has since been corrected in conjunction with

GP and pharmacy in line with best practice.

- The medication management system now shows the maximum dose of PRN and indicates when the medication should be administered.
- The PIC is ensuring that the allergy status of the resident is updated regularly on the MARS sheets and care plans.
- The PIC has reviewed all the medication administration timings and updated with no discrepancies identified.
- The PIC conducts monthly reviews of all medications.
- All the staff have been briefed that the OTC (or) toiletries are not to be left in the communal toilets or shower rooms, this is also communicated to the staff team at the daily handover.
- Resident's details on crushed medication has been updated on the medication management system. Residents identified to require crushed medication have their care plans updated and in place.

Regulation 9: Residents' rights

Not Compliant

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

- While residents attend to their personal hygiene needs in the showering facility, they are completely clothed, protecting their modesty and dignity travelling to and from their point of origin.
- The distance between farthest room from the shower or toilet is approximately 20mts.
- All residents have a full staff team to support them to access the toilets and bathrooms whenever they wish and when in their bedroom an alert system to call staff is also in place if a resident wishes to call staff to support them throughout the day and night.
- A meeting was held on the 04.04.22 via web conferencing, where the registered provider representative met with the deputy chief inspector, regarding the physical infrastructure of the resident's communal bathroom and the nursing station in St. Oliver's unit. A decision was taken to maintain the purpose of the bathroom and works to reconfigure the bathroom to accommodate a toilet and a shower has been undertaken.
- To further increase the wet room capacity in the designated centre an additional wet room has been identified and works have been undertaken.
- Residents are offered to shower daily, however resident's rights are respected when they wish not to have a shower and prefer a bed bath or a bodywash.
- Residents are offered personal hygiene on a daily basis, this includes offers of showers, bed wash, body wash, shave, oral hygiene etc... We respect the rights of the resident to refuse a shower while encouraging them to have some form of personal hygiene daily.
- On the day of inspection an immediate action was taken to cover the mirrors temporarily.
- Currently mirror screens are in place to protect the privacy of the residents.
- The number lock on the dining room in St.Patrick's unit has been taken off.



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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2022
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.	Not Compliant	Orange	30/06/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate	Substantially Compliant	Yellow	31/05/2022

	quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	25/03/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/06/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms	Substantially Compliant	Yellow	30/06/2022

	relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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.	Not Compliant	Orange	30/06/2022
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	30/03/2022
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of medication related interventions in respect of a resident, such	Not Compliant	Orange	30/03/2022

	record shall be kept in a safe and accessible place in the designated centre concerned.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	30/03/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	30/03/2022
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	Orange	30/06/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	29/03/2022

	that a resident may undertake personal activities in private.			
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