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:	Carechoice Montenotte
Name of provider:	Carechoice Montenotte Limited
Address of centre:	Middle Glanmire Road, Montenotte, Cork
Type of inspection:	Unannounced
Date of inspection:	29 June 2023
Centre ID:	OSV-0000253
Fieldwork ID:	MON-0039101

About the designated centre

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

Carechoice Montenotte has been in operation as a designated centre since 2003 and is registered to accommodate 111 residents. There are four floors each named after a point in Cork Harbour which can be viewed from the centre - Camden, Carlisle, Currabinney and Roches Point. Each of the floors is a self contained unit provided with day rooms, kitchenette, dining room, staff areas, sluice rooms, assisted bathrooms and storage rooms, a treatment room and a nurse's office. The centre is serviced by stairs and a fully functioning lift between all floors. Resident accommodation is provided in 67 single en-suite bedrooms and 22 twin bedrooms. There is a large Oratory on the ground floor, a sitting room with internet access, a visitors canteen and on the third floor there is an activity room which are all available for residents and relatives use. There is a an outdoor seating area at the front of the centre and a secure garden area which enables residents to walk around an enclosed garden and enjoy safe walkways and seating. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring transitional, convalescent and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	105

How we inspect

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 29 June 2023	15:00hrs to 19:15hrs	Ella Ferriter	Lead
Friday 30 June 2023	09:00hrs to 17:15hrs	Ella Ferriter	Lead
Thursday 29 June 2023	15:00hrs to 19:15hrs	Caroline Connelly	Support
Friday 30 June 2023	09:00hrs to 17:15hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Inspectors met with many residents during the inspection and spoke to over twenty residents in more detail, to gain an insight into their life in Carechoice Montenotee. Overall, the inspectors found that residents living in the centre gave very positive feedback about the centre, particularly about the kindness and attention they received from staff working there. One resident told the inspectors that staff were " excellent" while another said that they " worked very hard and were very kind". The inspectors also had the opportunity to meet eight visitors throughout the two days day, who reported easy access to visit their family members and satisfaction with the care their love one received.

The inspectors arrived to the centre unannounced, on day one of this inspection, at 3pm. On arrival, the inspectors observed some residents sitting outside in the front patio area, with family. The inspectors saw that entrance to the centre was well maintained and welcoming, with various types of colourful flowers, seating with umbrellas and a marquee, to facilitate outdoor visiting. As the management team were busy when the inspectors arrived, the inspectors toured the premises and met with residents and staff in communal areas and in residents bedrooms.

Carechoice Montenotee is a designated centre for older people registered to accommodate 111 residents, in Cork City. The building is on an elevated site, with beautiful views over the Cork Harbour. There were 105 residents living in the centre on the day of this inspection. Bedroom accommodation in the centre is over four floors, and comprises of 67 single rooms and 22 twin rooms. Operationally, the centre is made up of four distinct wings named Camden, Carlisle, Curabinny and Roches Point, each wing named after a point in Cork Harbour. The inspectors saw that bedrooms were well maintained and there was ample storage facilities for residents clothing. Some bedrooms were very personalised with residents belongings from home, pictures of their families and soft furnishings. Bedroom doors were different colours and depicted the door of a house. Each residents name, with their consent, was placed on their door.

The inspectors saw that the centre was clean and very well maintained. There were two maintenance staff observed to be working in the centre and it was evident that they took pride in ensuring the centre was comfortable for residents. There had been additional decoration of walls and communal areas, since the previous inspection, which made the centre more homely. Residents art work had been hung on the walls, which added colour to the corridors. On the ground floor the centre had a coffee dock, for residents and families. Inspectors saw this in use on the days of this inspection. Visitors and residents spoke positively about this facility, which was like a coffee shop you would go to in the community. On the morning of day two of this inspection, inspectors met with a resident having his coffee in this area and reading a selection of newspapers, which was part of their daily routine.

Residents spoken with told the inspectors that Carechoice Montenotee was a nice

place to live and that they were very happy with the care they received. One resident told the inspectors that the staff "always gave them time" and they "never felt rushed" and another described them as "excellent and approachable". The inspectors observed lovely staff and resident interactions over the two days of this inspection. Staff were observed to sit and chat with residents, checking on them throughout the day. One staff member told the inspectors they loved having the banter and chats with residents, which they acknowledged was so important.

The inspectors saw that there was communal space available to residents on each floor. This comprised of sitting room and dining room facilities. While some residents were seen to have their meals in the dining rooms, others had their meals in the sitting room, seated in the same armchairs in which they spent their day. As a result, the dining experience had a functional feel rather that a social occasion, which is actioned under regulation 9. Residents spoke extremely positively about the food and the inspectors observed that the food served was of a very high quality. One resident told the inspectors they were " very very well fed". Residents were observed to receive their food presented on china cups and plates, which they said they really enjoyed. The inspectors saw that there were an adequate amount of staff available to assist residents with meals, if they required. Residents confirmed they looked forward to their meals in the centre. However, inspectors saw that some menus on display for residents were not accurate on day two of this inspection and a resident who requested a sandwich did not have this choice respected, these findings are actioned under regulation 9.

Residents were observed over the two days by the inspectors to have their individual style and appearance respected. Residents told the inspectors that staff supported them to select their clothing in the morning and ensured they had everything they needed. Residents told the inspectors that management and staff were always open to feedback and they felt that any concerns or complaints they may have would be promptly addressed. Staff were observed to be kind and were familiar with residents' preferences and choices. Residents who 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) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

Visitors were observed attending the centre and were encouraged to join residents for refreshments and snacks. Visitors complimented the quality of care provided to their relative by staff, who they described as approachable, attentive and respectful. Visitors were observed calling from mid-morning onwards and throughout the day. They were welcomed by staff and staff knew visitors by name and actively engaged with them.One visitor was observed bringing their dog to the centre to visit their family member and other residents. Pet therapy was a weekly activity available to residents in the centre.

Residents stated that the activities provided were fun and enjoyable. Activities staff regularly consulted with residents on what activities and events they would like to celebrate. Activities available on the weekly schedule included bingo, reminiscing, hand massage, arts & crafts. Every Sunday Mass was available in the centres large

oratory. On day two of this inspection inspectors saw residents enjoying the weekly "Pub Evening" where they danced with staff and enjoyed some refreshments.

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 over two days, to monitor the centre's compliance with the care and welfare regulations. Overall, findings of this inspection were that Carechoice Montenotee was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. Some areas on this inspection, were identified as requiring improvement such as care planning, records, rights and implementation of policies. These will be detailed under the relevant regulations.

CareChoice Montenotte is a designated centre for older people operated by CareChoice Montenotte Ltd. Nationally, the organisational structure comprises a board of directors, a chief executive officer (CEO), and a regional director of operations. This provider is also involved in operating 13 other designated centres in Ireland. The centre benefits from access to and support from centralised departments, such as human resources who are available on-site, a quality department and finance.

From a clinical perspective the centre is being managed by a suitably qualified person in charge, who reports directly to the CEO. The centres' internal management structure had changed since the previous inspection, of September 2022, with the appointment of an additional assistant director of nursing to replace the clinical nurse manager role. The management team were supported by the CEO and the Quality and governance manger, who were available on a daily basis and attended the centre regularly, to provide governance support. There were effective lines of communication within the service, as evidenced by the records of quality & governance meetings taking place between the management of the centre and the provider's senior management team.

There were management systems in place to monitor the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits and monitoring of weekly quality of care indicators such as the incidence of pressure wounds, restrictive practices, infections and falls. A review of completed audits found that the audit system was effective in supporting the management team to identify areas for improvement and develop improvement action plans.

A comprehensive training programme was in place for all grades of staff. Staff were facilitated to attend training appropriate to their role. Staff demonstrated an appropriate awareness of their training and their roles and responsibilities with

regard to safeguarding residents from abuse, infection prevention and control and fire safety. There were arrangements in place to provide supervision and support to staff through senior management presence, induction processes and formal performance appraisals. Records pertaining to volunteers attending the centre were found to not include a detailed description of their roles, which is a regulatory requirement.

A sample of staff personnel files were reviewed by inspectors. There was evidence that each staff member had a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 on file, prior to commencing employment. All but one staff files reviewed complied with Schedule two of the regulations. Systems in place to ensure that registered nurses maintained documentation, in line with professional guidelines required strengthening, as detailed under regulation 24.

A directory of residents was maintained and available for review. Incident records were well maintained and all had been reported to the Chief Inspector as required by the regulations.

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was the found that the levels and skill mix of staff at the time of inspection were sufficient, to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training was well monitored in the centre and all staff mandatory training was in date. The provider had employed a training manger to work within the group and training was being provided on site, on day one of this inspection. Staff spoken with

demonstrated up-to-date knowledge pertinent to providing residents with safe quality care. Arrangements were in place for the ongoing supervision of staff through daily senior management support and supervision.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained electronically and it contained the information required, by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Action was required by the registered provider to ensure full compliance with Regulation 21, records. This was evidenced by:

- nursing records of residents health, condition, treatment and medications administered were completed on a daily basis. However, when agency nurses were providing care to residents these documents were not to signed by the registered nurse on duty, in accordance with professional guidelines. This is a regulatory requirement. The person in charge assured the inspectors they would put systems in place to address this with immediate effect.
- one staff file reviewed did not have a reference from a recent employer. The one reference on file was over ten years old.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored, to ensure a safe and appropriate service. An annual review had been completed for 2022, which complied with the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were two volunteers working in the centre. Garda vetting was in place for both, however, they did not have their roles and responsibilities set out in writing, which is required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained electronically and there was good oversight of these incidents by management. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were in place and available to staff working in the centre. The communication aspect of the safeguarding policy was not followed in full, in one instance. The management team acknowledged this was an area identified for improvement.

Judgment: Substantially compliant

Quality and safety

Overall, residents were in receipt of a high standard of care by staff that were responsive to their needs. Residents' health, social care and spiritual needs were well catered for. Residents stated that they felt safe and well-supported in the designated centre. However, some improvements were required in areas such care planning, managing behaviours that challenge and residents rights, which will be further detailed under the relevant regulations.

Residents had good access to medical care and records indicated that residents were reviewed regularly. Residents also had access to allied and specialist services, such as speech and language therapy, dietetics, psychiatry of old age, community

mental health and physiotherapy. Medical records reviewed included detailed notes of residents' care. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these, as evidenced from daily progress notes.

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities to individual residents. The inspectors reviewed a selection of care records for residents with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. However, significant actions were found to be required in care planning, to ensure residents were appropriately assessed, they could easily direct care and that they were updated when there were any changes to the residents care or condition, which is further detailed under regulation 5.

Risk management systems were underpinned by the centre's risk management policy which detailed the systems to monitor and respond to risks, that may impact on the safety and welfare of residents. A risk register had been established to include potential risks to residents' safety. There were systems in place to safeguard residents from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The was an ongoing initiative to reduce the use of restrictive practices in the centre, through ongoing assessment of resident's needs. This had contributed to moving towards a restraint free environment. Residents were provided with unrestricted access to all internal and external communal spaces. Staff demonstrated an appropriate awareness of national guidelines with regards to promoting a restraint free environment. The documentation in use to monitor and assess for bedrails, for two residents, was not completed in line with the centres restraint policy, which is actioned under regulation 7.

Overall, the premises was clean and kept in a good state of repair internally and externally. Improvements were noted in fire safety since the previous inspection. The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm system. Fire records were well maintained and evidenced that equipment was being serviced at appropriate intervals. Residents' support needs were clearly documented in their personal emergency evacuations plans, which were updated regularly. Regular fire drills were taking place in the centre.

Residents rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received. There were opportunities for residents to participate in meaningful social engagement and activities, through one-to-one and group activities in the centre.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate visiting in the centre. Residents could meet their relatives and friends in the privacy of their bedrooms or in designated visiting areas in the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained and met the requirements of Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these were provided. Choice was available at every meal. Residents spoken with were complimentary regarding the quality and choice of food. Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared and made available to residents a guide in respect of the designated centre. It included all information as specified under the regulations.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control in community settings, published by the authority. This was evidenced by:

- the storage of urinals in bathrooms and communal rooms presented a risk of cross contamination and infection to residents.
- there were not enough clinical hand wash basins available to facilitate staff with safe hand washing in the centre. This was also a finding on the previous inspection. Inspectors were informed that this was being implemented over a phased basis.
- one grab rail in a communal bathroom was rusted, therefore, cleaning could not be assured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was good oversight of fire precautions within the centre. Improvements were noted in fire evacuation drills of compartments since the previous inspection, specifically with minimum night time staffing levels. Emergency exits were free of obstruction and clear and directional signage was available at various locations throughout the building. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Significant action was required in the individual assessment and care planning process, to ensure documentation supported care delivery, for example:

- some assessments, with regards to residents risk of malnutrition, were completed inaccurately, therefore, this assessment could not inform care delivery.
- some care plans were not updated when care needs of residents changed or they had been reviewed by a dietitian or physiotherapist.
- some mobility care plans were not accurate and did not reflect residents currently mobility status.
- a large proportion of care plans contained outdated information, which was no longer pertinent to the residents care requirements.
- visiting care plans reflected restrictions on visiting during the COVID-19 pandemic, which were no longer applicable.
- an end of life care plan reviewed did not inform care delivery as information was out dated.
- residents at risk of malnutrition did not have their care plan updated to reflect the requirement for increased monthly monitoring.
- one residents safeguarding care plan did not contain adequate information, to inform staff of care requirements.
- care plans for residents with responsive behaviors were seen not to outline de-escalation techniques, and ways for staff to effectively respond to behaviours.

The management team acknowledged this finding and informed inspectors it was an area they had identified for quality improvement.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to general practitioners, geriatricians and psychiatry of later life specialists. Services such as speech and language therapy and dietetics were available when required. Physiotherapy services were provided on a weekly basis and they reviewed residents post falls, as per the centres policy. The inspectors found that the recommendations of health and social care professionals were acted upon, which resulted in good outcomes for residents. Wound care documentation was reviewed and evidenced good practices.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Where bed rails were in use, inspectors found there was absence of an assessment for one resident and two hourly monitoring for another resident, who had them prescribed. This was necessary to ensure risk was being appropriately assessed and

the use was being monitored to prevent the risk of injury.

Judgment: Substantially compliant

Regulation 8: Protection

Discussions with the person in charge indicated that adequate safeguarding arrangements were put in place following any allegation of abuse and residents were safeguarded. Records were maintained of any investigations and outcomes. The process of implementing the providers safeguarding policy, pertaining to communication processes, required strengthening, as actioned under regulation 4.

Judgment: Compliant

Regulation 9: Residents' rights

Arrangements for offering residents choices at mealtimes required review, for example:

- the menu on display on the day of inspection, did not display the food available on that day.
- the inspector observed a resident requesting a particular snack from a member of staff, however, a different type of food was provided.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carechoice Montenotte OSV-0000253

Inspection ID: MON-0039101

Date of inspection: 30/06/2023

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • The process of signing documents by Agency Nurses has been reviewed and new log-in details are now provided to individual Agency Nurses • Each Agency Nurse will be educated on how to use their individual log in details. • The HR department will ensure that the most recent reference related to the role the new employee is being recruited for is obtained for each new employee. • The PIC will continue to review all the references for new employees.	
Regulation 30: Volunteers	Substantially Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: • The HR department will ensure that each Volunteer will receive their Job Description which will clearly outline their roles and responsibilities, a copy of same will be kept on file.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • Policies are continually reviewed and updated by the Quality Department to ensure that	

they are in line with the regulations and best practice.
• The PIC will ensure that all staff are aware of company policies.
• The clinical management team will ensure that next of kin is always informed should any safeguarding concern come into light. It should be noted, that on the day of the Safeguarding concern, the DON offered the resident to contact their Next off Kin (NOK) as per his preference, however had been stopped to do so by Garda. The Garda clearly advised that Garda Investigation now takes precedence they will be the ones contacting the NOK due to the sensitivity and seriousness of the incident, which has been outlined in the HIQA notification of the same incident. Since the Garda is a higher Authority, the DON had to follow the Instruction by An Garda Síochána provided as there was a serious allegation.
• Education will be provided to staff to ensure understanding and compliance with the policy.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The clinical management team will ensure that staff are re-educated on the storage of equipment and cross contamination risk.
• The clinical management team will continue to complete IPC audits to identify any gaps or non-compliance with best practice and action same.
• The PIC will ensure that the actions from the External Clinical Sink Audit completed in 2022 continue to be implemented as per the recommendations in the report.
• The PIC will ensure that regular audit of the equipment and environment is completed in order to identify any equipment which needs to be replaced or repaired. Of note the grab rail referred to in the report was on the maintenance register for replacement at the time of the inspection.

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:
• The PIC will ensure that all Nurses have received refresher training on Assessment and Care Planning.
• The PIC will provide further education and guidance to Nurses in order to develop good writing skills on a one-to-one basis.
• PIC will ensure that the plan is in place to review of all care plans to ensure they are

personalized and reflect the current needs of the residents.
• The Clinical Management Team will continue to complete the Care Plan Audit monthly to identify any gaps and needs for further training.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• The PIC will ensure that all staff have received a sufficient training on Restrictive Practice
• The Clinical Management Team will ensure that all staff understand the need for the relevant documentation to be completed accordingly.
• The Clinical Management Team will continue to complete spot-checks and audit Nursing Documentation to identify any further gaps and need for training.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The system of the display of daily Menu has been reviewed.
• The Admin Team will introduce the new system to ensure that the Menu displayed on the Menu Boards responds to food being served to residents.
• The PIC will ensure that all staff have received education on how to ensure that all information displayed for residents is correct.
• The Clinical Management Team will continue to monitor if the efficacy of the training.
• The PIC will ensure that all staff receive training on Residents' Rights and respecting of their preferences.
• The Clinical Management Team will continue to monitor staff understanding of the importance of respecting residents' wishes by observing the interaction with the residents and completing QUIS at minimum every 3 months
• The Management Team will continue to complete Residents' Surveys to identify residents' satisfaction with the service provided.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/08/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2023
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis	Substantially Compliant	Yellow	31/08/2023

	with the designated centre have their roles and responsibilities set out in writing.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/09/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/10/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/09/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	31/08/2023

	may exercise choice in so far as such exercise does not interfere with the rights of other residents.			