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:	Kilcolgan Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Killeely More, Kilcolgan, Galway
Type of inspection:	Announced
Date of inspection:	16 November 2023
Centre ID:	OSV-0000351
Fieldwork ID:	MON-0041530

About the designated centre

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

Kilcolgan Nursing Home is a purpose built facility located near Kilcolgan, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on ground level. The centre is divided into two units. One unit has capacity for up to 30 residents. The dementia specific unit can accommodate up to 18 residents. All resident bedrooms are single occupancy and have ensuite, handwash basin, toilet and wheelchair accessible showering facilities. The provider employs a staff team consisting of registered nurses, social care workers, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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 16 November 2023	09:00hrs to 18:00hrs	Rachel Seoighthe	Lead
Friday 17 November 2023	09:00hrs to 16:30hrs	Rachel Seoighthe	Lead
Thursday 16 November 2023	09:00hrs to 18:00hrs	Maria Myers	Support
Friday 17 November 2023	09:00hrs to 16:30hrs	Maria Myers	Support

What residents told us and what inspectors observed

This announced inspection was carried out over two days. The overall feedback from residents was that they were happy with the care they received and their life in the centre. However, inspectors found that there were limited opportunities for some residents who had significant cognitive impairment, to engage in meaningful social activities, in line with their preferences and capacities.

Inspectors were met by the person in charge upon arrival to the centre. Following an introductory meeting, inspectors walked through the centre where they met with residents and staff. Located in the village of Kilcolgan, Co Galway, the designated centre was a purpose built, single-storey building, registered to provide long-term and respite care to a maximum of 48 residents. The centre contained two distinct units, known as the main centre and the memory care centre. On the day of inspection, there were 18 residents accommodated in the memory care centre and 29 residents were living in the main centre.

The entrance to the centre led to a spacious reception area which contained an open nurses station. The reception area was furnished with comfortable seating, arranged for resident use. There was constant activity in this area and many residents were seen spending time here, reading newspapers, chatting together and watching television. An activities schedule was displayed for resident information. Inspectors noted that many residents received visitors to this area and staff were seen greeting residents as they passed by. Residents living in the main centre had access to a separate communal sitting room as well as a large dining room, which appeared clean and spacious. Some residents were observed attending the hairdressing salon. Inspectors spoke with many residents and feedback from a number of residents was positive. Inspectors observed the staff interacting with residents and residents were seen to be relaxed and comfortable in the company of staff.

Resident bedroom accommodation in the main unit was located along three corridors, accessible directly from the reception area. Residents bedrooms consisted of single rooms with en-suite facilities. Inspectors noted that bedrooms were well laid out and many were personalised with items of significance, such as photographs, artwork and ornaments. Although adequate storage space was provided, inspectors observed that boxes of incontinence wear were being stored on the floor in several resident bedrooms. Overall, the main centre was clean, however inspectors noted that some floor and skirting board surfaces in resident bedrooms were visibly unclean. In addition, inspectors observed that some wall surfaces and skirting boards were damaged. Inspectors also noted that one large storage room was inaccessible, as it was cluttered with large amounts of resident equipment.

Inspectors spent time in the memory care centre, which was a secure unit for residents with symptoms of, or diagnosed with dementia. Inspectors observed that this unit was clean and well maintained throughout. Residents' bedroom doors were

painted in a variety of colours and replicated front doors. Corridors were wide and had handrails on both sides to support residents safe mobility. Corridors were decorated with colourful feature walls, designed to be stimulating for residents with dementia. Residents living in the memory care unit had access to several communal areas such as a visitors room, a dining room, a relaxation room and an enclosed garden. Inspectors noted that the majority of residents spent their day in the communal sitting room or in their bedrooms.

On the first day of inspection, one staff member was assigned to the provision of activities for 47 residents. Inspectors observed that residents were engaging in activities in the main centre and there was a lively atmosphere in this unit. However, inspectors noted that there was much less social engagement occurring in the memory care centre. Inspectors noted that the pictorial activities board which was displayed in the memory care centre was empty for the duration of the inspection. The majority of residents were seen to spend long periods of time in the communal sitting room. While staff were present, they were not always seen to be facilitating activities or interacting with residents. Inspectors were informed that two staff were assigned to the provision of activities from 11-4pm in each of the units on the second day of the inspection. However, inspectors observed that the staff were unable to facilitate activities for all of the allocated period, as they were providing care to residents.

Inspectors observed a lunch-time meal service in the memory care centre. On the first day of inspection, inspectors noted that there were two health care assistants and one staff nurse allocated to provide care to 18 residents in the unit . A third health care assistant attended from the main centre at lunch-time, to support with the meal service. Inspectors observed that one staff was responsible for the distribution of meals to resident bedrooms and communal rooms. A second staff member was allocated to support and provide constant supervision to three residents who took their meals in the dayroom. The remaining two staff were required to assist and supervise residents in the dining room and in their bedrooms.

Staff worked hard to ensure that the dining experience was a pleasant occasion. Tables were set neatly and residents were offered a choice of drinks, however inspectors noted that residents who required a modified texture diet were not offered a choice of main meal. Inspectors also observed that supervision was inadequate and the staffing arrangements did not ensure that residents who required assistance with their meals, received support in a timely manner. Inspectors spoke with one resident who was seated a table with their dinner placed in front of them. Inspectors observed that the resident was unable to eat their meal independently and they were required to wait until a staff member was available to assist them. The resident was seen watching other residents eating their lunch and they informed inspectors 'I didn't get mine yet.' The management team made an effort to address the staffing allocation however, inspectors observed a repeated incident where residents were required to wait for their meal on the second day of the inspection. One member of staff was present in the dining room where eight residents were eating their lunch. Three residents required assistance with their meals. Inspectors observed that a resident was required to wait five minutes for the staff member to become available, in order to assist them with their dessert. In

contrast, residents in the main centre were well supported by staff and meals were presented in a well organised, timely manner.

There was sufficient space for residents to meet with visitors in private. The inspector observed a number of residents receiving visitors during the inspection and found that appropriate measures were in place for residents to receive visitors.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an announced inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Inspectors also reviewed the actions taken to address the findings of the previous inspection in November 2022. This inspection found that there were insufficient staffing levels to ensure the service was delivered fully in line with the regulations and standards. Furthermore, this inspection found that the management systems in place did not ensure that all aspects of the service were appropriately monitored and supervised.

The registered provider for Kilcolgan Nursing Home was Mowlam Healthcare Services Unlimited Company. There was a clearly defined management structure in place. The person in charge worked full time in the centre and they had senior clinical support from a director of care services and regional healthcare manager. The person in charge was supported in their role by a full-time assistant director of nursing who deputised in their absence. A team, including a clinical nurse manager, nurses, health care assistants, social care practitioners ,household, activity, catering and maintenance staff made up the staffing compliment.

Inspectors found that the number of staff available did not align with the staffing outlined in the centres' statement of purpose. This is a repeated finding. A review of the rosters evidenced vacancies of one nurse, two health care assistants, one social care practitioner, and one house-keeping supervisor. Inspectors were also advised of an imminent vacancy within the clinical management team. Inspectors were informed that the provider had an ongoing recruitment programme in place. Agency staff were rostered to supplement health care assistant staffing levels on both days of inspection. A review of staffing rosters evidenced challenges in maintaining planned health care assistant staffing levels without the support of agency staff. In addition, inspectors found that the staffing resources available for the provision of activities for residents were not adequate. There was one full-time activities coordinator rostered at the time of inspection, however, they were on unplanned leave. While the provider allocated social care practitioners some hours daily to provide social care to residents, inspectors noted that the provision of activities to residents in the memory care centre was inconsistent. Inspectors observed that

social care practitioners were unable to provide social care and support with activities in accordance with times allocated, as they were assisting with resident personal and nutritional care needs. This is detailed further under Regulation 15; Staffing.

Training records reviewed demonstrated that there was a training programme in place for all staff and staff spoken with displayed an appropriate awareness of their training, with regard to their responsibility in recognising and responding to allegations of abuse, and fire evacuation procedures. While the provider had arrangements in place for the training and development of staff, there were ineffective systems in place to ensure staff were appropriately supervised. This is discussed further under Regulation 16; Training and Development.

There were management systems in place to oversee the service and the quality of care, which included regular management meetings within the centre, and records showed that these meetings were used to review key clinical and operational aspects of the service. There was a comprehensive programme of auditing in clinical care and environmental safety. Records showed that that while most audits completed effectively identified quality improvement actions,issues relating to to food and nutrition and residents' rights had not been identified and managed by the management team. There was a system to manage risks in the designated centre and risks including clinical and environmental risks were discussed in senior management meetings. However, inspectors found that some risk management controls that were in place were not implemented in a consistent manner. For example, controls for the safe storage for combustibles in three storage rooms containing fuse boards were entered into the centres risk register in 2019. The risk assessment remained open and was reviewed regularly, however the risk management controls were not being implemented at the time of the inspection. In addition, a number of other fire safety risks had not been identified by the provider.

An electronic record of all accidents, incidents and complaints involving residents that occurred in the centre was maintained.

The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations. A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

An annual report on the quality of the service had been completed for 2022 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

Inspectors were not assured that the staffing resources were appropriate, having regards to the assessed needs of the residents in accordance with Regulation 5. This is evidenced by;

- Staffing resources allocated to the provision of social care were not sufficient and did not ensure that all residents accommodated in the designated centre had access to meaningful occupation and entertainment in line with their preferences and capacity to participate, as described in the first section of this report.
- Inspectors observed several occasions on the second day of inspection where there were not enough staff available to provide the appropriate levels of supervision to a resident with behavioural support needs .
- There were insufficient numbers of staff available to provide residents with assistance at the lunch-time meal service in the memory care centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles. This was evidenced by;

- Inspectors observed on day one of the inspection that poor communication between nursing and care staff regarding a residents nutritional intake resulted in nursing staff being unaware of the needs of the resident.
- Inspectors observed that a residents' personal and continence care handover was completed by care staff on the afternoon of the inspection. This was communicated in the presence of eight residents in the communal day room of the memory care centre. This practice did not ensure that the residents' right to privacy and dignity was upheld.

Judgment: Substantially compliant

Regulation 23: Governance and management

A review of the staff available to work in the centre found that staffing resources were not in line with the the centre statement of purpose. Staffing availability was inadequate to cover episodes of unplanned leave.

The management systems in place did not provide full assurance that the service was safe and consistent. This was evidenced by:

- inadequate oversight of staffing resources and staff supervision.

- inadequate oversight of resident's rights.
- poor risk management systems.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and updated. Records confirmed that the provider maintained policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Residents living in the centre were generally satisfied with the quality of the care they received and they expressed that they felt safe in the centre. Inspectors observed pleasant engagement between staff and residents throughout the inspection. However, the findings of the inspection were that the provider was failing to ensure that all residents' rights were upheld and the social care needs of all residents were met. Inspectors found that improvements were required to monitor the quality and safety of care delivered to the more vulnerable residents and those residents who had significant cognitive impairment.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received timely and unrestricted access to their GP. Residents were also referred to health and social care professionals such as dietitian services, occupational therapy, physiotherapy and speech and language therapy as needed. The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. Inspectors viewed a sample of files of residents with a range of needs and found that while the care plan viewed were generally informative, some were not updated where the residents condition changed . This did not ensure that staff had sufficient, up-to-date information to guide in the delivery of care. This is discussed further under Regulation 5; Assessment and care planning.

The provider had a number of measures in place to ensure that residents were protected in the event of a fire emergency. These included regular servicing of fire

safety equipment and regular checks of means of escape to ensure they were not obstructed. However, inspectors found that further actions were necessary in relation to the provision of adequate emergency lighting and the arrangements for the containment of smoke and fire in the centre.These findings are addressed under Regulation 28; Fire precautions.

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 resident's accommodation was individually personalised. However, inspectors identified some areas of the premises which were in a state of disrepair such as wall and skirting board surfaces. Furthermore, the organisation of storage was not adequate to meet residents needs. This is discussed further under Regulation 17; Premises.

Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control such as the allocation of an infection prevention and control lead. Utility rooms were clean and well organised and alcohol hand gel dispensers were available for use on the corridors. However, further oversight was required in relation to cleaning of resident equipment and some parts of the premises. This is discussed further under Regulation 27; Infection Control.

Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices. The centre was actively promoting a restraint free environment. There were no bed rails in use in the centre.

The provider had systems in place to ensure that residents were protected from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

Residents had access to local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings. Advocacy services were available to residents and there was evidence that they were supported to avail of these services as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

Opportunities for improvement were identified in respect of meal times to ensure that residents were offered choice and assistance in a timely manner. Action was required to ensure that all residents were provided with sufficient opportunities to participate in activities that were in line with their interests and capacities. Further findings in relation to residents' access to meaningful activities is detailed under Regulation 9; Residents' rights.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

There were flexible visiting arrangements in place, with visitors observed attending the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises was found to be in a poor state of repair. For example;

- Paint was damaged or missing on a number of wall surfaces in resident bedrooms.
- Door frames and skirting boards were damaged in a number of resident bedrooms.
- A ceiling surface was cracked in one resident bedroom.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by:

- One large storage room was very cluttered and many items were stored on the floor of this room, preventing it from being appropriately cleaned.
- Floor surfaces in several resident bedrooms were not sealed at the skirting board and there was visible dirt and debris.
- Floor surfaces in two linen rooms were visibly unclean.
- There was heavy dust visible on several skirting board and floor surfaces.
- A bath a resident communal bathroom contained raised toilet seats. The surface of the bath and floor underneath were visibly unclean.
- A nebuliser compressor machine in one residents bedroom was visibly unclean.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors found that action was required to ensure that adequate precautions were in place to protect residents from the risk of fire:

- Emergency lighting was missing along some fire exit routes to direct and illuminate the route of escape in the event of a fire evacuation at night-time.
- Inspectors observed that there were large spaces between the bottom of the door and the floor under two cross corridor fire doors and this posed a risk that fire and smoke would not be contained in the event of a fire safety emergency.
- Inspectors found that a resident communal sitting room which contained a final fire exit was fitted with a keypad lock. This posed a risk that access to this room would be delayed in the event of a fire safety emergency.
- Inspectors noted the storage of linens, plastic alginate bags and incontinence wear in close proximity to open electrical fuse boxes in three storage rooms. This may increase the risk of fire in this area.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care documentation and found the following;

Some care plans were not updated to ensure that outdated information which was no longer relevant had been removed.

- For example, a resident's mobility care plan did not reflect current arrangements regarding use of transfer equipment. This posed a risk that this information would not be communicated to all staff. In addition, the residents mobility assessment had not been updated to reflect the requirement for the assistance of two staff to ensure their safe mobility.

Some residents' care plans were not reviewed and updated at four monthly intervals or in response to their changing needs.

- For example, a nutritional assessment completed for a resident indicated that they had lost a significant amount of weight. However, the resident care plan was not updated reflect this change, to direct staff regarding the interventions required to ensure the residents nutritional needs were met.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP), and GPs were visiting the centre as required.

Residents had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint free environment. There were no bed rails in use in the centre. Any implementation of restraint was following the trial of alternatives, and was informed by appropriate assessments and subject to regular review.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for two residents, and arrangements were in place to afford adequate protection and access to these finances.

Judgment: Compliant

Regulation 9: Residents' rights

The provider did not ensure that residents were provided with opportunities to participate in activities in accordance with their interests and capacities on a consistent basis. This was evidenced by the following:

- Inspectors observed there were some residents who were not engaged in meaningful activities and had limited access to social interaction with staff or with other residents.

The provider did not ensure that each resident was offered choice at mealtimes, For example;

- inspectors observed that residents who received minced moist and pureed diets were not offered a choice of main meal. This finding was confirmed by inspectors observations and communication with staff who informed inspectors that there was one option available, which was decided by the catering team on a daily basis.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Kilcolgan Nursing Home OSV-0000351

Inspection ID: MON-0041530

Date of inspection: 17/11/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The PIC, with support from the Healthcare Manager (HCM) will complete a review of rosters and allocation of duties. The PIC will ensure the consistent delivery of person-centred care, including the provision of a variety of interesting and meaningful activities, based on the expressed preferences of residents. • The PIC will review the dining experience to ensure that this is an unhurried, enjoyable and social occasion for residents. There will be sufficient staff available during mealtimes to ensure that all residents receive timely assistance and choice with their meals. • Nursing staff and Healthcare Assistants will be rostered on each unit, and the PIC will ensure that there are always sufficient staff numbers and skill mix on duty to meet the assessed care needs of all residents. Staff will be educated to enable them to appropriately meet the needs of residents who display responsive behaviours. • The CNM will supervise workflow, care practices, including the dining experience, to ensure that staff are facilitated to provide high quality, safe and effective care to all the residents . • There is a robust recruitment plan in progress to address staff vacancies. • A review of the Activities Coordinator (AC) roster will be undertaken to ensure that all residents will have an opportunity to avail of meaningful activities based on their preferences and choices, including one-to-one and group activities. • A schedule of varied activities will be available throughout the week, and all residents will be consulted regarding their preferences and offered an opportunity to participate. Residents may choose to decline to participate, and their decisions will be respected. • There is a web-based application available to staff which facilitates them to provide residents with access to a variety of activities and games which will supplement the range of activities already available in the home.	

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

• The PIC will ensure the CNM remains supernumerary to the roster to provide oversight and supervision. The PIC and CNM will attend the daily safety pause to oversee the communications standards between the nursing and care staff, to ensure that information relating to resident's personal care and plans for management of their care are discussed in private amongst the team and not shared with any other personnel not aligned to the care of the residents.

• The PIC will arrange a staff education/workshop on communication for all staff to enhance the standards of communication within the team that will improve the quality of care delivered to residents.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• The PIC, with support from the HCM, will hold weekly management meetings with the home's management team to review key performance indicators (KPIs) and to agree quality improvement actions.

• The HCM will have a weekly meeting with the PIC to review recruitment, staffing deployment and allocation, incidents, complaints and other KPIs. The HCM will provide advice and support and agree objectives for quality improvements with the PIC.

• Since the inspection, a review of the management structure within the home has been undertaken and a full-time supernumerary CNM position has been filled.

• The CNM will be visible and accessible and will conduct monitoring rounds every day to review resident care and clinical practice. They will supervise workflow and care practices to ensure that staff are facilitated to provide high quality, safe and effective care to all the residents.

• We will actively recruit to fill a vacant positions. In the event of unanticipated staff shortage, due to sickness leave for example, the PIC will review the roster, backfill with existing nursing or HCA staff; if this is not possible, we will use agency staff to fill any vacant shifts.

• There is a monthly management team meeting in the home which reviews all operational aspects of the home, including key performance indicators, risk management, audits and progress on identified actions and updates on quality improvement initiatives. This meeting is well attended and includes at least one representative from each department.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The PIC and Facilities Manager will conduct a review of all rooms within the home. The review will incorporate a plan of works to address painting requirements within residents' rooms, Repair and renewals for wall surfaces, door frames and skirting boards will be included in this review. • The PIC, supported by the Facilites team will ensure that ongoing review of residents' living facilites will be completed and discussed at monthly mangement team meetings. The PIC will ensure that all facilites works required will be escalated where necessary and completed.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • The PIC will ensure that daily cleaning schedules are maintained and adhered to, including the cleaning of all rooms in line with Infection Prevention & Control (IPC) recommendations and guidelines. • We will ensure that all clinical equipment is maintained in a hygienic and clean condition, and that the required cleaning and decontamination schedules are maintained. Spot checks will be conducted, and compliance will be regularly monitored by the PIC as part of the daily rounds. • Cleaning schedules and findings from hygiene audits will be discussed at all Safety Pauses, Infection Prevention & Control and monthly management team meetings. Corrective actions will be identified as part of the overall quality improvement programme. These will be followed up by the designated Infection Prevention & Control Lead Nurse. Compliance will be reviewed by the PIC at regular intervals. • The Clinical Nurse Managers (CNM) will supervise IPC practices to ensure that staff are vigilant and provide a high standard of infection control. • The PIC and Facilities team will conduct an inspection of the flooring in home and identify areas that require repair or replacement, and works will be carried out to address these areas.	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The missing emergency lighting has been replaced.
• The PIC will consult with the Facilities Manager regarding the works to be completed to ensure that adequate precautions are in place to protect residents from the risk of fire. These works will include a review of the emergency lighting to ensure that all assigned fire signage is in place and in working order. The PIC will ensure that all fire signage will be monitered as part of the mantneance checks within the home and escalated where nbecessary and without delay and replacement or repairs works.
• A review of cross corridor fire doors will be undertaken to ensure that there are no significant gaps that could increase the risk of spread of fire.
• Linen cupboards will have suitable fire retartdent casing covering the open electrical fuse boxes within, to reduce the risk of fire in these storage areas. The PIC will ensure that items stored within the these storage areas are suitable and stored appropiately.
• The PIC will ensure the removal of the coded door locks from the residents communcal areas to facilate quicker access to these rooms in the event of a fire.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• The PIC will complete a review of documentation training with all nursing staff by 31/01/2024. The education will enable each nurse to ensure that each identified care need of a resident shall be used to create an individual care plan that considers all aspects of their physical and mental health, personal and social care needs, and any supports required to meet those needs.
• The PIC and CNM will review the assessments and care plans in conjunction with the named nurses to ensure that assessments inform the plan of care, that the care plan is individualised and person-centred, considering the resident's current medical, health and lifestyle status, and that the care plans.
• As part of the audit management system, all care plans will be regularly audited and reviewed by the PIC/CNM to ensure that they are sufficiently detailed and reflect the residents' current health status and required care interventions.
• Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings.
• Any changes or developments in the resident's condition or plan of care will be updated accordingly.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The PIC will review the dining experience and staffing levels at mealtimes to ensure that all residents receive timely assistance and choice with their meals. • All residents who take a modified diet will have access to a choice of foods which will be documented, and this preference will be communicated to all staff. • A review of the Activities Coordinator (AC) roster will be undertaken to ensure that all residents will have an opportunity to avail of meaningful activities based on their preferences and choices, including one-to-one and group activities. The PIC will ensure that daily activities schedules are available for each resident.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/01/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2024
Regulation 23(a)	The registered provider shall	Substantially Compliant	Yellow	31/01/2024

	ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	31/01/2024
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	31/01/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding	Not Compliant	Orange	31/01/2024

	and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/01/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/01/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/01/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise	Not Compliant	Orange	31/01/2024

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