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:	Hazel Hall Nursing Home
Name of provider:	Esker Property Holdings Limited
Address of centre:	Prosperous Road, Clane, Kildare
Type of inspection:	Unannounced
Date of inspection:	09 January 2024
Centre ID:	OSV-0000049
Fieldwork ID:	MON-0042358

About the designated centre

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

Hazel Hall Nursing Home can accommodate up to 46 female and male dependent adults, aged over 18. The majority of residents are aged 65 and over, and can provide for the following care needs: General (Care of the Older Person), Dementia, Physical Disability, Intellectual Disability, Acquired Brain Injury and Young Chronic Care. Hazel Hall Nursing Home is purpose built and set in its own secure grounds with car parking facilities and is monitored by CCTV. It contains 44 bedrooms (42 single and two twin rooms). Each room is equipped with Cable TV (Flat Screen) and call bell system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

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
Tuesday 9 January 2024	09:05hrs to 18:15hrs	Sinead Lynch	Lead
Tuesday 9 January 2024	09:05hrs to 18:15hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

The overall feedback from residents living in the designated centre was that they were happy with the care they received and that they felt safe in Hazel Hall Nursing Home. One resident told inspectors they were glad they had made friends in the centre and was happy that they were together. On the day of inspection residents were painting nature themes with various items and tools in the day room and a resident showed inspectors their painting and said "I really enjoyed this, I haven't painted like this since I was at least 7 years old, and it is so important to do it". Throughout the day residents were observed socialising together and engaging in the activities provided.

This was an unannounced inspection carried out over a day. Throughout the inspection, inspectors observed residents relaxing in their rooms or in the dining areas and listening to music together in the large day room. There was a chapel available for residents' use also and this was observed in use by a resident and their visitor on the day of inspection. Visitors spoken with said they were happy with the care provided for their loved ones.

Notwithstanding that the residents and visitors were very complimentary about the care they received, the inspectors identified areas for improvement throughout the inspection. The oversight of the premises required immediate review. This was in relation to a water boiler in a residents' communal dining room. There was a risk to residents of burns or scalds. This was immediately removed on the day of the inspection. Not all areas were appropriately cleaned and there were also risks identified in relation to fire precautions. There were fire compartment doors that required repair or replacement and inspectors observed some poor practices such as a number of doors being held open with door wedges. These were regarded as urgent concerns and the registered provider was required to submit an urgent compliance plan to the Chief Inspector providing assurances that the risk of fire was mitigated. Further improvements were also required in relation to the monitoring of the service being provided. Audits were found to have not been completed in all areas, in turn this could not provide evidence as to where improvements were required. Care plans were not updated as required or when there was a change in a residents condition.

There were several items of information available for residents on an information board including leaflets on advocacy services and information on who to go to with a complaint. The day room used by residents was separated into two areas for seating with a quieter area located at the front of the room, where residents were seen resting, while other residents were engaging in activities in another area of the day room. There was a large activities timetable on display in both day rooms and throughout the day, inspectors observed various activities taking place led by the activities coordinator. Residents spoken with on the day of inspection said they enjoyed going out and would like to go out on more day trips.

Residents' rooms were decorated to their tastes and some rooms had a garden view. In the afternoon residents enjoyed soup or tea and biscuits in their room or in the communal areas.

Laundry facilities were available on site. Residents informed the inspector that they could send their laundry for washing and received it back clean and fresh every few days. Clothing was labelled by the laundry staff to prevent loss.

Residents' mealtimes were observed, food served to residents looked wholesome and nutritious and there was a quiet relaxed environment observed while residents who required assistance were eating their meals. Residents spoken with were happy with the food and said there had been an improvement lately in the meals. Residents had a choice of meals and one resident was observed asking the chef for a particular meal for tea, they were told that was no problem and that it would be made for them. However, inspectors saw that residents in a particular unit were served with plastic plates, cups and plastic-based cutlery, which did not support a dignified mealtime experience. When asked by inspectors, residents said they would have preferred a non-plastic cup and plate. Inspectors were shown a new delivery of plates and cups that were delivered on the day of the inspection and were intended for use to replace the plastic cups and plates.

Residents had access to newspapers, television and radio and were observed reading the newspaper and watching television on the day of inspection. There was a large communal area where residents gathered to engage in activities and on the day of inspection residents were observed painting, listening to music, playing board games and playing a ball game. There was one full time activities co-ordinator in the centre who engaged residents in group and one-to-one activities. Mass was available on a weekly basis and residents told inspectors they liked to gather for anniversary masses and had a meal afterwards together. There was a chapel in the centre for residents' use and this was decorated nicely. Residents privacy and dignity were respected and inspectors observed interactions with staff and residents to be respectful and courteous. Residents told inspectors they would like to go out more often to the village or on more day trips and this feedback was also evident in the residents' surveys that were completed. There was evidence that residents were consulted about the quality of the service, the menu, and the quality of activities.

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

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspectors followed up on previous issues in

relation to compliance from the inspection carried out in July 2023 and found there were repeated compliance issues in relation to the notification of incidents. In advance of this inspection, the Chief Inspector of Social Services had received unsolicited information which was also followed up. Although the centre had a relatively good history of regulatory compliance, this inspection found that some aspects of the service provided had disimproved and a renewed focus on governance and management oversight was now required to provide assurance that a high quality and safe service was provided at all times.

Over-all, this inspection identified that further strengthening of the management systems overseeing the service and quality of care was required to ensure a safe and consistent approach to the identification of risk. A number of significant risks were identified under Regulation 28 Fire precautions, Regulation 31; Notification of Incidents, Regulation 5; Individual assessment and care planning and Regulation 8; Protection. On the day of the inspection an immediate risk was identified by the inspectors in relation to an unattended burco hot water boiler in the residents' dining room. The provider removed the item immediately at the request of inspectors. Following the inspection there was an urgent compliance plan requested in relation to fire precautions. This was in relation to compartment doors, bedroom and communal doors, as further detailed under Regulation 28; Fire precautions.

The registered provider is Esker Property Holdings Limited. One of the directors of the company is present in the centre on a daily basis and is involved in the day-to-day operations. The management team which includes the company director also included a facilities and finance manager. They supported the person in charge and the clinical nurse manager who both worked full-time in the centre.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The provider had been actively recruiting to fill vacant posts since the last inspection and had robust plans in place to use agency to back fill any vacant posts. There were seven nurses and one activity co-ordinator post vacant on the day of the inspection. Inspectors were satisfied that staffing levels were maintained in line with the statement of purpose and appropriate arrangements were in place to provide nursing agency cover from a recruitment agency. These nurses were well-known to the residents as they were rostered on a regular line of duty. There was one activity co-ordinator currently working in the centre as the second person in this role had previously left the centre. There was an active recruitment plan to recruit another person into this role and in the interim appropriate arrangements were in place to ensure that residents' social and occupational needs were effectively met.

Minutes of management team meetings were made available to the inspectors. These meetings were attended by senior managers of the centre to include the registered provider representative, the finance manager and the person in charge. Among some of the items discussed were in relation to staff recruitment and the premises. The registered provider showed the inspectors plans to continuously improve the premises throughout 2024 in relation to upgrading and maintenance of the centre.

There was a comprehensive annual review completed by the management of the centre. This included evidence of residents' participation and opinions. The annual review detailed an improvement place for 2024 for the centre.

There was an auditing system in place, but in some cases, learning was not identified such as; the environmental audit did not identify areas of the centre that required cleaning such as the fly catcher that was not on a cleaning schedule, the fire safety concerns in relation to door wedges had also not been identified. These are discussed further under their respective regulations.

Each resident had a contract for the provision of services. This contract was very detailed and informed the residents or their representative of the services to be provided and any fees which may be charged. Each contract was signed by the residents, their representative and the registered provider.

There was a suite of policies available in the centre. These policies informed staff and guided practice.

Regulation 15: Staffing

The registered provider had ensured there were adequate staff numbers and skills mix to provide care to residents living in the centre.

Judgment: Compliant

Regulation 21: Records

Records were maintained in the centre in a secure but easily accessible format. All required documents for each staff member were made available and found to be compliant with the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place were not sufficiently robust to ensure a safe, effective and consistent service was provided to the residents at all times. The registered provider had failed to identify significant risks through their own auditing or monitoring systems. For example;

- While regular fire safety checks were carried out, these had not identified that three fire doors essential for safe smoke and fire containment were not closing properly. Oversight of staff practices in respect of fire precautions in the centre was insufficient as a number of doors in the centre were found to be held open with objects such as door wedges and a dust bin. An urgent compliance plan was submitted to the Registered Provider within 24 hours of the completion of this inspection to obtain assurances that the service was safe with an effective plan in place to mitigate any fire risks. The providers response gave the required assurances to the Chief Inspector within an agreed time frame.
- Environmental walkarounds had not identified that all aspects of premises were not appropriately cleaned or monitored. Inspectors observed a specialised bath that was not clean, which therefore posed a risk of cross-contamination and an electric insect catcher full with dead flies, that required cleaning. These items were not on a cleaning schedule and therefore their management was not being monitored.
- The residents' dining room had a hot water burco on the table, which was unprotected and left unattended. The registered provider had not identified the burns risk to residents associated with this. An immediate action was issued to the provider on the day of inspection and inspectors were satisfied that appropriate action was taken to mitigate immediate risks.
- There were recurrent findings from the previous inspection in July 2023 in respect of the failure of the person in charge to appropriately notify the Chief Inspector of significant incidents as required by the regulation, and as further described under regulation 31: Notification of Incidents.
- The registered provider had not ensured that all staff working in the centre had An Garda Siochana vetting completed and available prior to commencing employment. There was an immediate action issued and the staff member who was on day one of there induction was removed from the centre.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident, on admission to the centre, the terms on which that resident shall reside in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not submitted all the required notifications of incidents to the Chief Inspector of Social Services within three working days as required under the regulations in relation to;

- A COVID-19 outbreak in the centre.
- Where a resident required medical attention following a fall.

This was a repeated compliance issue that was also highlighted on the last inspection in July 2023.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had available an accessible and effective procedure for dealing with complaints. This procedure included the availability of advocacy services and a review officer if required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5 of the regulations. These policies were reviewed at intervals not exceeding three years and sooner if required.

Judgment: Compliant

Quality and safety

Inspectors found that residents felt safe and were supported and encouraged to have a good quality of life in the centre. However, significant action was required to come into compliance with Regulation 28: Fire Safety and Regulation 5: Individual Assessment and Care Plan in order to ensure a high quality safe service was delivered at all times. Improvement was also required in respect of the premises and protection of residents.

Inspectors reviewed a sample of residents' care records and saw that while residents were assessed using a variety of validated tools these were inconsistently recorded with gaps identified and there were care plans not fully completed. In addition, care plans were not reviewed within the required time frame and were not up-to-date in order to effectively guide staff in care delivery. Admission assessments were also not fully completed to inform care planning and identify the individual needs of each residents. In the absence of appropriate care planning arrangements there was a lack of assurance that residents' healthcare needs could be timely identified and effectively responded to. This is discussed further under Regulation 5: Care planning.

There was a homely atmosphere in the centre. However, attention was required in the oversight of cleaning and in the oversight of maintenance where some areas of poor repair were seen which could impact on the homely environment. There was wear and tear visible on items of furniture and equipment which may impact on cleaning. Items were inappropriately stored in some areas also. This is discussed further under regulation 17; Premises.

Staff were seen to interact with residents respectfully and residents spoke positively about the care and support they received from staff. Staff appeared to know the likes and dislikes of residents and how to communicate in a manner that suited the resident. Residents had timely access to their general practitioners (GP's) and allied health services chiropody, dietitian, speech and language therapy, tissue viability services. However, their recommendations was not always followed through in the residents care plan. There was evidence of referrals to such services and residents were supported to attend out-patient appointments as scheduled.

The person in charge ensured that all staff have up-to-date knowledge and skills, appropriate to their role, to respond to and manage responsive behaviours.

Residents were offered a choice of drinks with their meals and meals were served in the dining room or in resident's room depending on their preferences. Snacks and refreshments were seen to be offered throughout the day of inspection also. Dietary charts reviewed by inspectors indicating the dietary needs of residents were not up-to-date or in accordance with each resident's individual care plan. This meant that records available to kitchen staff did not accurately reflect resident's nutritional support needs, which posed a health and safety risk that had not been identified by the registered provider.

Systems were in place to safeguard residents from abuse, however they required review in respect of ensuring all staff had a vetting disclosure in place before starting work in the centre. An up-to-date safeguarding policy was available and

informed the arrangements in place to ensure any incidents, allegations or suspicions of abuse were promptly addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place in the centre. There was evidence of referral to advocacy services for residents. Notwithstanding these, inspectors found significant risk on the day of inspection when they observed a new staff member without a garda vetting disclosure working alongside another member of staff. An immediate request was issued by inspectors to the provider to address this risk and the staff member ceased working immediately.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their well being, safety and health and that of other residents.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follow;

There was a lack of appropriate storage in the centre. For example:

- Linen trolleys and hoists were stored in the assisted bathrooms.
- The sluice room was found to have three raised toilet seats and a commode bucket on the floor.

The designated centre was not kept in a good state of repair internally. For example;

- A toilet seat in an assisted bathroom required replacement.
- A number of fire doors were found to be damaged and required repair or replacement.

The centre was found to be unclean in some areas. For example:

- There was an electric fly catcher in a living room which was not on a cleaning or service schedule and required immediate attention.

- The assisted bathroom that contained the mobile assisted bath required immediate cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional assessments were not up-to-date and required a full review to ensure the dietary needs of residents were met and were in accordance with the individual care plan of the resident concerned. The serving of the food did not ensure a dignified meal experience for all residents. Inspectors observed residents using plastic plates and cups at mealtime. If offered a choice, residents said they would have preferred non-plastic delph and cutlery.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was required to carry out a full review of fire precautions and to ensure appropriate oversight of the fire safety management in the designated centre to ensure that care services were safe and appropriate.

Personal emergency evacuation plans (PEEP's) form an intergral part of the centre's evacuation policy. However, on inspection it was found that four residents did not have any PEEP available to guide staff on evacuation methods of these residents. Additionally other PEEPs reviewed on the day had not been reviewed in over 15 months and did not reflect the change in condition or needs of the residents.

Safe and appropriate containment was not in place as a result of poor maintenance of fire doors. For example;

- Three compartment doors on the corridors did not close effectively
- Two doors were held open by door wedges
- One communal room had a dust bin holding the door opened

The registered provider was required to submit an urgent compliance plan to address the above risks. The providers response **did** provide assurances that the risk was adequately addressed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

From the sample of care plans reviewed, significant action was required to ensure that the nursing assessments and individual care plans were timely initiated, appropriately completed, up-dated and reviewed and that they appropriately informed the holistic delivery of care. For example;

- Residents' care plan reviews were not completed within the four month time frame required by the regulations.
- Care plans reviewed were incomplete and did not contain up-to-date information. This meant that the care plan did not effectively guide staff in respect of resident's current care and needs requirements as per assessment. For example a resident was reviewed by the dietitian but their up-to-date recommendation was not recorded in the resident's care plan.
- Residents' pre-admission assessments were not fully completed, leaving gaps in information which did not provide assurance that residents' needs could be met.

Judgment: Not compliant

Regulation 6: Health care

Residents nursing and health care needs were met and they had timely access to their general practitioner (GP). Residents were appropriately referred to allied health professionals, specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had attended training to ensure they had the necessary knowledge and skills to manage residents' responsive behaviours. A policy on the management of restrictive practices was available and accessible to the staff team.

Judgment: Compliant

Regulation 8: Protection

There was a staff member on the premises without the appropriate vetting clearance in place. The provider was required to address this as an immediate risk that was identified on the day of inspection. The provider addressed this and ensured the staff member ceased working immediately.

Judgment: Not compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities in the centre and residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities as outlined in the activity programme.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazel Hall Nursing Home OSV-0000049

Inspection ID: MON-0042358

Date of inspection: 09/01/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

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

The Registered Provider previously retained a competent person to repair and realign the compartment doors when they appeared unsatisfactory. The competent person invoiced the Registered Provider for works carried out and declared the compartment doors fit for purpose. Following inspection, the doors were inspected on 10/01/2024 by a newly retained compentent person who was on site on 16/01/2024 to realign the doors. This was not possible, therefore measurements were taken for new doors and these have been ordered. Engineers were last on site last Friday, 15/02/2024, to prepare for fitting the new compartment doors and installation is imminent. All staff are aware of what to do in an emergency in the meantime.

Door wedges were removed immediately and disposed of during inspection when this was brought to the attention of the Management Team. Door wedges are prohibited in the Centre, however, the Management Team and Staff have been reminded that they are sometimes brought in by well-meaning individuals and we must be vigilant, remove any inadvertently placed door wedges immediately and educate others to their dangers.

Management Systems are reviewed and strengthened to ensure a safer, more effective and more consistent service to residents.

Rounds records by the RGN, CNM and PIC are reviewed and revised and the Provider Audit is strengthened, incorporating further safety, care and service checks.

Cleaning schedules are reviewed to incorporate the specialised bath and mobile bath.

The second insect catcher, which was overlooked by the Pest Control company, was attended to immediately by them and is now added to routine cleaning and servicing and subject to auditing.

A Risk assessment is now in place for the Burco boiler.

The Monitoring Notifications Handbook has been recirculated to provide clarity and reminders to all relevant staff. The PIC has committed to submitting appropriate notifications promptly. Notifiable events are an agenda item for Management Meetings to ensure that no notiable event takes place without being notified. Each notifiable event will be cross-checked with notified incidents to ensure notifications are reflective of

events taking place.

No-one is allowed to work in the Centre without a Garda Vetting disclosure being received by the Registered Provider. The Management Team have been reminded to ensure this non-negotiable condition is followed at all times.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The Monitoring Notifications Handbook has been recirculated to provide clarity and reminders to all relevant staff. The PIC has committed to submitting appropriate notifications promptly. Notifiable events are an agenda item for Management Meetings to ensure that no notiable event takes place without being notified. Each notifiable event will be cross-checked with notified incidents to ensure notifications are reflective of events taking place.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
New linen trolleys with lids are purchased and stored neatly in the corridor. Hoists are stored in appropriate alcoves.
The sluice room was deep-cleaned and all excess equipment was removed.
The toilet seat was replaced as confirmed to the Inspectorate.
The PIC has allocated staff to check the sluice room at the end of each shift. This is documented on the allocation sheet.
Routine cleaning of the specialist bath and mobile baths form part of the amended cleaning schedules and Pest Control are routinely serving the fly catcher.
The PIC conducts more frequent spot checks on bathrooms and sluice rooms as part of her expanded rounds checks.
Final preparations have just taken place for the fitting of new compartment doors.
The Refurbishment Programme for the Centre will continue.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The Chef, CNM and PIC reviewed each Resident's dietary requirements and all nutritional assessments are up to date and accurate. The CNM has taken on the responsibility of submitting dietary requirements to the kitchen and the Chef will ensure the folder is kept up to date. The PIC will oversee this process with monthly audits. Delph and cutlery delivered on the day of inspection and seen by Inspectors is now in use for those who prefer to use same.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC has updated all PEEPS plans. The PIC has taken responsibility for the PEEPS plans and will assess potential residents needs as part of the pre-admission process and complete them upon admission. Monthly audits for PEEPS plans have commenced. Engineers were on site on 15/02/2024 to prepare for fitting of new compartment doors and we are now awaiting installation. In the meantime, all staff are aware and provided with interim instruction on the situation. Door wedges were removed immediately when this was brought to the attention of the Management Team and disposed of. Door wedges are prohibited in the Centre, however, the Management Team and Staff have been reminded that they may inadvertently be brought in by well-meaning individuals and must be removed immediately. The automatic door closer on the main day room door was removed.	
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 preadmission process has been reviewed by the PIC to ensure all relevant information is recorded for a potential resident. A comprehensive review of all residents' assessments and care plans is in progress. All new residents have completed assessments and care plans, with the majority of the remaining residents' assessments and care plans now up to date. The PIC has committed to working more closely with the CNM and Nursing staff to	

support the staff and the new resident during the admission process to ensure assessments and care plans are completed in a timely manner. Regular audits by the PIC will identify any shortfalls in a timely manner.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: No-one is allowed to work in the Centre without a Garda Vetting disclosure being received by the Registered Provider. The Management Team have been reminded to ensure this non-negotiable condition is followed at all times.

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(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	31/03/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	19/02/2024
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	Substantially Compliant	Yellow	19/02/2024

	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.			
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	31/03/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	17/01/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Not Compliant	Red	17/01/2024

	followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	17/01/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/03/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	30/04/2024
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	Not Compliant	Orange	30/04/2024

	it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	19/02/2024