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:	Eliza Lodge Nursing Home
Name of provider:	Eliza Care Limited
Address of centre:	Boherdurrow, Banagher, Offaly
Type of inspection:	Unannounced
Date of inspection:	14 March 2023
Centre ID:	OSV-0000663
Fieldwork ID:	MON-0039615

About the designated centre

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

Eliza Lodge Nursing Home is a purpose built 50 bed nursing home in a rural setting within driving distance of the town of Banagher in Co Offaly. The designated centre is a single storey premises and accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided in 34 single and eight twin bedrooms, all with full en suite facilities. A variety of communal areas are available to residents including a dining room, sitting rooms and an enclosed garden area. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Eliza Lodge nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37

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 14 March 2023	08:30hrs to 17:00hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Eliza Lodge Nursing Home told the inspector that they enjoyed a good quality of life in the centre and that the staff treated them with respect. The inspector found that residents received a satisfactory standard of person-centred care from a team of staff, under the supervision of a structured management team. While residents expressed a high levels of satisfaction with the services, residents expressed dissatisfaction with the quality and accessibility of the activities programme.

The inspector was met by the person in charge, on arrival at the centre. Following an introductory meeting with the person in charge, provider representative and the quality manager, the inspector walked through the centre and met with residents and staff. The inspector met with the majority of residents in the centre and spoke with eight residents, in detail, about their experience of living in the centre. Some residents were unable to articulate their experience of living in the centre and the inspector observed that those residents appeared comfortable, relaxed and content in their environment and in the company of staff and other residents.

Some residents were observed to be up early from bed, and were listening to the radio or watching television in their bedroom, while having their breakfast, and appeared content. Staff were observed attending to residents requests for assistance with their morning care needs. The inspector spoke with a number of residents in their bedrooms and in communal areas. Resident's feedback provided an insight into their lived experiences in the centre and residents were happy to share their experience. Residents reported recent improved and consistent staffing levels which meant they received prompt and timely assistance from staff with their care needs. Residents told the inspector that staff supported them to get up from bed at a time of their choosing, and that they could have a shower when they wished. Residents were familiar with some of the staff that provided them with care, and this made them feel safe and comfortable. The inspector observed respectful interactions, and a good, personal rapport between staff and residents.

The centre is registered to provide accommodation to 50 residents in 34 single rooms and eight shared bedrooms. All bedrooms had en-suite and shower facilities, and residents expressed their satisfaction with their bedroom accommodation. Bedrooms were observed to be personalised with items of significance to each residents such as family photographs and ornaments. The premises was warm, well-lit, clean in most areas, and comfortable for residents. The provider had improved some aspects of the premises such as the enclosed garden that was appropriately furnished and accessible to residents. The inspector observed that the paintwork on some bedroom walls, doors and skirting was visibly damaged. Communal bathrooms were conveniently located near the communal dayroom for residents. Floor coverings in communal bathrooms were in a poor state of repair, unclean, and in some parts uneven.

Resident's personal clothing was laundered on-site. The laundry area was in a poor state of repair, as walls were chipped and damaged. The area was visibly unclean behind laundry machines. Some residents reported dissatisfaction with the laundry service and described how they were missing pieces of clothing that had yet to be found. A large number of unidentified clothing items were observed in the linen room.

The residents dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. A seating chart was displayed in the dining room to support new staff to identify where residents preferred to sit with their friends. Residents were offered their preferred choice of food, with one resident requesting and receiving an alternative meal to what was offered on the menu. Residents expressed a high level of satisfaction with the quality and quantity of food.

Residents told the inspector that although weekly activities were displayed on a board, activities were decided on a daily basis by staff and could change at short notice. Some residents reported that this arrangement affected their choice of how to spend their day. The inspector observed that half of the residents were provided with group activities in the dayroom. However, the remaining residents who chose to remain in their bedroom did not have access to meaningful activities of interest to them, and stated that they found the days long.

Visitors were observed coming and going throughout the inspection. The inspector spoke with a small number of visitors who expressed their satisfaction with the quality of care provided to their relatives living in the centre.The visitors knew the staff and management team and described the positive interactions that they had experienced with the staff and management.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This one day unannounced risk inspection was carried out by an inspector of social services to;

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance in governance and management identified during the last inspection in April 2022.

The findings of this inspection were that the governance and management of the centre had improved and this was reflected in the overall compliance of the centre

through the regulations reviewed. The provider had taken action to improve the quality of the environmental hygiene, the management of records, and the quality of residents assessments and care plans. While the provider had taken some action to address non-compliant issues with the premises, and infection prevention and control, further action was required to achieve full compliance with the regulations. Action was also required to ensure residents had access to meaningful activities, and that systems were in place for the management of residents personal possessions.

Eliza Care Limited is the registered provider of this centre. The provider is represented by a director of the company. The organisational structure had changed since the previous inspection, with the appointment of a quality manager, who was also a person participating in the management of the centre. Within the centre, a new person in charge had been appointed, and they were supported in their role by a clinical nurse manager. The provider representative, general manager, and quality manager attended the centre weekly to provide oversight and governance support to the person in charge.

The provider had improved their management systems to monitor, evaluate and improve the quality and safety of the service provided to residents. The quality and safety of care was monitored through weekly analysis of key clinical performance indicators such as the incidence of residents' wounds, falls, antibiotic usage, nutritional care and restrictive practices. There was an audit schedule in place to support the management team to identify deficits and risks to residents. This included audits of the quality of care provided to residents, clinical documentation, nutrition, and infection prevention and control. A review of completed environmental audits found that while quality improvement plans were developed following audit activity, the progress of the quality improvement plans were not consistently reviewed or subject to a time frame for completion. For example, a facilities and infection prevention and control audit completed in January 2023 had identified a number risks, such as damaged walls and floor coverings, and rusted waste disposal bins throughout the centre. However, there was no evidence of the action taken to implement, or review the status of the improvement action plan and the issues identified had not been addressed.

Management systems were in place to ensure records were maintained in line with regulatory requirements, securely stored, easily retrieved, and made available for inspection.

Risk management systems were guided by the risk management policy. This policy detailed the systems to monitor and respond to risks that may impact on the safety and welfare of residents. This included maintaining a risk register to record all potential risks to the safety and welfare of residents and the controls in place to mitigate the risk of harm to residents. However, the risk management systems were not effectively, or consistently implemented. For example, while the management team had identified risks such as the risks associated with deficits in the medication management systems and reduced staffing levels at night time, those risks were not appropriately risk assessed or updated into the risk register. Consequently, this impacted on the centres ability to implement actions to monitor and manage the

risks.

The inspector observed that the number and skill mix of staff on duty during the day time from 8am to 9pm was sufficient to meet the resident's assessed care needs, and in consideration of the size and layout of the designated centre. However, the levels of nursing staff were inadequate between 9pm and 8am. There was one registered nurse on duty during this time, to monitor and provide nursing care to 37 residents, and to provide supervision and oversight of the health care assistant team. A number of residents required the assistance of up to two staff to support them with their assessed care needs. This meant that there was one staff member available to supervise, monitor, and respond to residents needs during periods when two staff were providing care to other residents.

A review of the rosters found that there was adequate staffing in place to support housekeeping, catering and social care activities. Rosters showed that staffing numbers were sufficient to respond to planned and unplanned leave in the service.

A review of staff training records found that all staff had up-to-date mandatory training in fire safety, safeguarding of vulnerable people, and infection prevention and control. Systems had been put in place to ensure staff were appropriately supervised and supported by the management team. There were formal induction and performance appraisal processes in place to support staff.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

The policies and procedures, as required by Schedule 5 of the regulations, had been reviewed by the provider at intervals not exceeding three years and were made available to staff.

Regulation 15: Staffing

Staffing levels were not adequate to meet the assessed needs of the residents and for the size and layout of the building.

There were 37 residents accommodated in the centre on the day of inspection with thirteen vacancies.

There were 11 residents assessed as being maximum dependency, ten residents high dependency, seven medium dependency and nine low. Of those residents, 14 required assistance of two staff including 11 residents who required the use of a hoist for safe transfer.

There was one registered nurse on duty between 9pm and 8am to provide oversight and supervision of the health care assistant team, and to provide nursing care to the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, and mandatory training was up to date for all staff. Staff were appropriately supervised in their roles to ensure residents received safe and quality care. Staff demonstrated a good awareness of individual residents needs.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. 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 2021.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor and improve the quality of the service required action to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example;

- The systems of monitoring, evaluating and improving the quality and safety of the service were not effectively implemented. Improvement action plans were not consistently subject to time frames or progress review which meant that some deficits and issues persisted. For example, an infection prevention and control audit identified that action was required in the laundry area.

However, the issues had not been resolved.

- Feedback from a resident's survey completed in December 2022 identified a high level of dissatisfaction with the activities programme. However, progress to address this aspect of the service was not evident and residents continued to report their dissatisfaction with the quality of the service.
- The risk management system was not effectively implemented. The centre's risk register did not contain known risks in the centre such as reduced night time staffing levels and the potential impact on the care of residents, supervision of staff, and medication management.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees, if any, to be charged for such services.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

Residents living in this centre received a good standard of care and support which

ensured that they were safe and that they could enjoy a good quality of life. The findings of this inspection were that the provider had taken action to ensure residents assessments and care plans reflected the needs of the residents and provided guidance to staff on the provision of person-centred care and support to residents. While the provider had taken some action to address issues identified on the last inspection with regard to the premises, and infection prevention and control, the actions taken were not sufficient to bring the centre into full compliance with those regulations. Action was also required to comply with residents' rights and personal possessions.

Residents' needs were assessed on admission to the centre, through validated assessment tools, in conjunction with information gathered from the residents and, where appropriate, their relatives. This information informed the development of person-centred care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. Care plans detailed the interventions in place to manage identified risks such as those associated with residents impaired skin integrity, risk of malnutrition, and falls.

Residents were provided with unrestricted access to a general practitioner (GP), as required or requested. Where residents were identified as requiring additional health and social care professional expertise, there was a system of referral in place and a review of the residents' care records found that recommendations made by health and social care professionals were implemented and updated into the resident's plan of care.

Resident's nutritional and hydration needs were met. Arrangements were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents, in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables.

There was an ongoing initiative to reduce the incidence of restrictive practices in the centre. Where restraint, such as bedrails, were required, there was a comprehensive risk assessment completed with the multi-disciplinary team and resident concerned.

There was a variety of communal and private areas observed in use by residents on the day of inspection. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to support residents to navigate their environment. However, there were areas of the premises that were not maintained in a satisfactory state of repair. For example, there were areas where floor coverings were damaged and

walls were in a poor state of repair. Further findings are described under Regulation 17, Premises.

Residents living in the centre had appropriate access to, and maintained control over their personal possessions and were provided with sufficient storage within their bedroom accommodation. However, arrangements for laundering resident's personal clothing were not consistent or robust to minimise the risk of residents' personal clothing becoming lost or misplaced.

The provider had a number of assurance systems in place to prevent and control the risk of infection in the centre. A single use, colour coded, mop and cloth systems was in operation. Cleaning agents were appropriate for healthcare settings and housekeeping staff demonstrated an understanding of the centres cleaning process. A housekeeping supervisor had been appointed to monitor the quality of environmental hygiene and provided direction, and supervision of the housekeeping staff. Staff were observed to use personal protective equipment appropriately. However, further action was required to fully comply with Regulation 27, Infection control. For example, barriers to effective hand hygiene were identified as there were insufficient clinical hand wash sinks in the centre.

There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held and resident satisfaction surveys were carried out. Minutes of recent resident forum meetings reviewed showed that relevant topics were discussed including activities, staff and menus. Residents had access to an independent advocacy service. Residents were provided with access to daily newspapers, radio and television. Religious services were held frequently in the centre. However, as previously mentioned, the provision of activities required further action.

Visiting was observed to be unrestricted and residents could receive visitors in either their private accommodation or a designated visitor area if they wished.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The management of residents personal clothing did not ensure that all laundered clothing was returned to the residents. For example, there were over 15 individual

pieces of clothing in the laundry areas where the owner could not be identified. Additionally, residents had reported missing items of clothing to the staff in the week prior to the inspection and the issue had not yet been resolved.

Judgment: Substantially compliant

Regulation 13: End of life

There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Residents had been afforded the opportunity to outline their wishes in relation to their care at the end of their lives.

Judgment: Compliant

Regulation 17: Premises

There were areas in the interior of the building that were not kept in a good state of repair and did not meet the requirements under Schedule 6 of the regulations. For example;

- Floor coverings in communal bathrooms were lifting from the floor and walls and were also uneven. This presented a trip hazard to residents.
- Areas of the premises that included bedrooms and corridors had visibly damaged and chipped paintwork.
- There were limited safe storage facilities for equipment used by residents. Wheelchairs and mobility aids were inappropriately stored along a fire escape exit.
- The laundry area was in a poor state of repair. The concrete plinth that supported the laundry machines was visibly damaged and crumbling along the front and the walls were poorly maintained as paint was chipped.
- Floor coverings in some residents bedrooms were lifting at the joint between the bedroom and en-suite bathroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Menus

were developed in consideration of residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements as detailed in the resident's care plan.

Daily menus were displayed in suitable formats and in appropriate locations so that residents knew what was available at mealtimes. There was adequate numbers of staff available to assist residents with their meals. Assistance was offered discreetly, sensitively and individually.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services to ensure best outcomes for residents.

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 (IPC) in community settings published by HIQA. This was evidenced by:

- There were a limited number of dedicated clinical hand was sinks available for staff use. Sinks within resident's rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- There was inappropriate storage of items such as commode basins in the hand washing sink in the sluice room. This increased the risk of cross infection.
- As a result of impaired floor coverings in the communal bathrooms, dirt and debris had accumulated and could not be effectively cleaned and was malodorous.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

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

Residents were provided with timely referral and access to a range of health and social care professionals such as physiotherapy, occupational therapy, dietitian, speech and language therapy, tissue viability nursing expertise, psychiatry of later life and palliative care services.

There were clear nursing pathways in place to prevent and manage wounds in the centre and the inspector found that timely nursing intervention, referral and engagement with healthcare professionals resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed staff providing person-centred care and support to residents who experience 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).

Restrictive practices, such as bedrails, were managed in the centre through ongoing initiatives to promote a restraint free environment and assistive equipment was available and trialled in order to minimise the use of bedrails in the centre.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them 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 provider supported residents to manage their pensions and welfare payments. There were systems in place to safeguard residents monies and goods handed in for safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

Not all residents were provided with opportunities to participate in activities in accordance with their interests and abilities. For example, a large number of residents chose to remain in their bedroom and the provision of activities did not extend beyond those provided in the communal dayroom. Residents expressed a wish for more variety with regard to the meaningful activities and had brought this to the attention of the management team in surveys carried out in December 2022.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Eliza Lodge Nursing Home OSV-0000663

Inspection ID: MON-0039615

Date of inspection: 14/03/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, and the size and layout of the centre, a risk assessment of reduced staffing levels at night was documented 04/05/23 by the Person in Charge (PIC), CNM and Quality and Assurance Lead. As part of the oversight and governance of the center, the Provider, with the PIC and Senior Support Team have conducted audits and analysis of patterning and trending of incidents/ accidents, complaints, call bell response times, skin integrity issues, all of which support the provider to determine if staffing levels are appropriate. We have also conducted fire drills and simulations of night scenarios to monitor response times. This gives assurance that fire evacuation is in line with policy. We will continue to monitor staffing levels daily based on identified risk, changing needs and capacity levels. The PIC has oversight of resident dependencies and will plan rosters based on identified resident care needs. The PIC has responsibility for the roster and is also responsible for informing the Provider/ Support Team of changes in resident dependency and associated need for additional staffing. Weekly reporting includes reviewing planned resident admissions, identifying and reviewing additional needs - this may result in the PIC identifying an increased need for additional staffing resources to support these residents.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:
To further ensure that the governance and management system in place ensures that the service provided is safe, appropriate, consistent and effectively monitored, quality improvement actions arising from resident's meetings, resident surveys, centre audits, safeguarding, complaints, incident analysis, staff meetings, centre walkarounds and those identified by the inspector are now logged onto one master Quality Improvement Plan (QIP) for the centre.

Monthly meetings will take place to review the QIP with senior Management with defined time allocation and responsibilities (5/4/23). In the event of any delay, the reason will be documented and the matter escalated as necessary. Relevant areas of the QIP will be reviewed by the PIC and Department Heads to ensure timely completion of actions. The full QIP will be reviewed by the PIC, Quality and Assurance Lead, Group General Manager and Registered Provider as part of the monthly governance framework meetings.

Risks identified by the Inspector have been included in the risk register, with appropriate control measures in place. The risk management system/register has been fully reviewed and updated accordingly 5/5/23. The risk management policy is fully implemented and reviewed at monthly governance meeting,

Resident satisfaction survey will be completed by 9/06/2023, the findings will be reviewed at Governance meeting and where residents identify additional requirements for activities these will be addressed (as far as is reasonably practicable).

All resident activity care plans will be reviewed to ensure that personal interests are captured, and these are reflected in the activity programs. We will continue to actively encourage residents to participate in group activity programs, will ensure that for those residents who prefer to spend times in their rooms and do not wish to engage in group activities 1:1 activity is available to them and will be facilitated as part of the daily schedule.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
A full review of the current laundry system and management of resident clothing was conducted on 5.5.23.

Visitors/ family etc will be requested to leave new clothing with the nurse on duty so that the laundry staff can label them if required. Only laundry staff return clothing, they have had a full update on returning clothes and ensuring that clothing is returned to the correct resident.

Schedule 5 policy on personal possessions updated to reflect management of laundry and resident clothing. 14/05/23

Actions arising from resident committee meetings on all issues, including laundry will be included on the QIP log and reviewed as part of monthly governance meetings. The PIC will also review relevant matters with the Head of Department during their meetings.

An additional laundry assistant was recruited w/c 01/05/23 to support the laundry functions. We will elicit resident's views on improvements as part of the resident's survey that will be conducted by 09/06/23.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All work from the facilities audit on 9/3/23 was completed by 14/04/23; this includes doors, frames and skirting boards in assisted bathrooms on Slieve Bloom wing.
Laundry walls have been painted and the area behind machines has been cleaned.

The floor coverings in communal bathrooms and bedrooms were repaired on 14/04/23.
The laundry plinth where the machines sit is scheduled for repair by 30/05/23.

Clinical handwashing facilities will be in situ where required by 01/09/23. This date facilitates potential delays in the supply chain, however HIQA will be notified as soon as they are functional.

Resident equipment will not be stored on fire exit corridors 15/03/23.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Clinical handwashing facilities will be in situ where required by 01/9/23. This date facilitates potential delays in the supply chain, however the inspector will be notified as soon as they are functional.

The correct storge of equipment is corrected with signage in place where appropriate 01/05/23.

Floor coverings in communal bathrooms and in bedrooms have been repaired to facilitate

cleaning 01/5/23.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Additional activities staff were recruited 27/3/23. The roster and daily allocation identifies the staff member responsible for the delivery of activities on a daily basis.

All resident activity care plans will be reviewed to ensure that personal interests are captured, and these are reflected in the activity programs. We will continue to actively encourage residents to participate in group activity programs and we will ensure that for those residents who prefer to spend time in their rooms and who do not wish to engage in group activities, that 1:1 activity is available to them and will be documented and facilitated as part of the daily schedule.

Resident satisfaction survey will be completed by 9/6/23, the findings will be reviewed at the June Governance meeting and where residents identify additional requirements for activities these will be addressed (as far as is reasonably practicable).

The activities programme for the week is shared with residents and management on a weekly basis. An audit of activities will be conducted quarterly.

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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	14/05/2023
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.	Substantially Compliant	Yellow	04/05/2023
Regulation 17(2)	The registered	Substantially	Yellow	01/09/2023

	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.	Compliant		
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.	Substantially Compliant	Yellow	14/06/2023
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	01/09/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	14/06/2023