



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Clonakilty
Name of provider:	CareChoice Clonakilty Limited
Address of centre:	Clogheen, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	05 October 2022
Centre ID:	OSV-0000230
Fieldwork ID:	MON-0037830

About the designated centre

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

CareChoice Clonakilty was established as a residential centre in 2002 and provides long stay and respite care to older people. It is registered for the care of 50 residents. The premises is a purpose-built centre with three wings which are all on ground level. There are two dining rooms and two day rooms, an additional lounge for private use, an activities room, hair salon, kitchen, laundry and staff facilities. Residents are accommodated in 42 single bedrooms and four twin-bedded rooms. All bedrooms have en suite toilet, wash hand-basin and shower facilities. In addition, there are six assisted toilets and one assisted spa relaxation bathroom. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring transitional, convalescent and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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
Wednesday 5 October 2022	14:30hrs to 20:15hrs	Ella Ferriter	Lead
Thursday 6 October 2022	08:00hrs to 15:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This inspection took place over one evening and one day. Overall, this inspection found that Carechoice Clonakilty was a well established centre, where residents were supported to enjoy a good quality of life, by staff who were kind and caring. The inspector met with both residents and visitors and spoke at length with eight residents, about their experience of living in this centre. The feedback from residents and families was positive. Residents told the inspector that they felt safe and that they were very content living there. The inspector observed there was a warm, friendly atmosphere throughout the centre. Residents who spoke with the inspector said that they were well cared for by nice staff and they were provided with the help and support they needed.

On arrival to the centre, the inspector was met by a nurse on duty, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature check were completed, prior to accessing the centre. After an opening meeting with the person in charge, the inspector was guided on a tour of the premises. Carechoice Clonakilty provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in the town of Clonakilty, in West Cork. The centre is a single storey facility, which can accommodate 50 residents. The centre is divided into three distinct wings, Galley Head, Argideen and Red Strand, all named after local areas in West Cork. Bedroom accommodation comprises 42 single and four twin rooms, all with en-suite facilities. There were 50 residents living in the centre on the day of this inspection.

The inspector observed that the centre was nicely decorated with comfortable seating, pictures on the walls and memorabilia. Some bedrooms were very personalised with residents own furniture, mini refrigerators and pictures of their families. The inspector saw there were two secure internal gardens in the centre. The smaller of which had lovely colourful planting, trees and benches for residents to sit. This garden also had two pet chickens, which residents told the inspector they loved observing. One resident was seen to feed them on the first evening of this inspection, which they told the inspector they did every day. The larger internal courtyard had facilities to put up a marquee.

The inspector also observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate. Residents who could not speak with the inspector in relation to their quality of life in the centre, appeared to be relaxed and comfortable in the company of staff and in their surroundings.

Staff were observed to be attentive to residents needs and residents told the inspector that they were always treated with respect and dignity. However, some residents told the inspector that on some evenings recently, staff were busy and could not always attend to them immediately. This meant that they sometimes had

to wait for their care needs to be met.

Residents' expressed high levels of satisfaction with the centres activities programme and team. The weekly activities programme was displayed in the reception area and included things like pottery, sing songs, chair aerobics and card games. Group activities were observed taking place throughout the centre over the two days and the inspector saw that residents had many opportunities to participate in a range of group and individual activities. On the first evening ten residents were observed in the sitting room making key rings and doing arts and crafts. On the second day of this inspection 27 residents enjoyed chair exercises which was a very interactive session, where residents laughed and joked with each other and staff. Six residents also travelled to Inchydoney beach with staff in the afternoon. Residents appeared to be enjoying the fun in a relaxed manner and the activities staff members were respectful of each residents' communication needs and ability to participate. It was evident that staff working in the centre knew residents well and could be heard having good humoured fun with residents, while they supported residents and attended to them.

Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspector as the inspector saw that food was attractively presented, and residents requiring assistance were assisted appropriately. The dining experience for residents was seen to be pleasant. Tables were set with tablecloths and china cups and there was nice music playing in the background. The inspector saw that residents were offered snacks and drinks throughout the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection of October 2021. Findings of this inspection were that Carechoice Clonakilty was a good centre where residents were supported and facilitated to have a good quality of life. Some areas that required to be addressed, as per the findings of this inspection were care planning, supervision arrangements of staff, healthcare, fire precautions and staffing.

The inspector also followed up on information of concern that had been submitted to the Office of the Chief Inspector with regards to healthcare, training of staff and staffing levels within the centre. This information was found to be partially substantiated. An application to renew the registration of this centre had also been submitted to the Chief Inspector, since the previous inspection, and this inspection

would inform part of the decision making process.

The registered provider of the centre is Carechoice Clonakilty Limited. This centre is part of the Carechoice Group, which owns and operates a number of nursing homes throughout the country. The organisational structure and the lines of authority and accountability were clearly outlined and understood. The management team, within the centre, consists of a person in charge, an assistant director of nursing and a clinical nurse manager, all of whom had been appointed since the previous inspection. The management team within the centre also had support from the groups regional director of operations, human resource department and a finance department. A comprehensive annual review, of the quality and safety of care delivered to residents in the centre, for the previous year was completed, with an action plan for the year ahead.

Staff were knowledgeable and demonstrated competence in their work. Rosters showed that there were two qualified nurse nurse on duty in the centre at all times, day and night. There was an ongoing recruitment process in place by the provider, to ensure that the centre had sufficient staff. However, there were gaps in the care staff roster on some evenings, which resulted in delays in care delivery for residents. This is further detailed under regulation 15.

The quality and safety of care was monitored through a programme of audits, with associated action plans, to address any deficits identified through the audit process. Key performance indicators are also used to support the monitoring process. However, the monitoring of residents healthcare required review, as detailed under regulation 6. The inspector found that there were a number of forums at which the quality and safety of care was discussed within the centre, such as staff meetings, shift handover and communication with senior management. Records of management and staff meetings showed evidence of actions required from audits being completed, which provided a structure to drive quality improvement.

There was an effective complaints procedure in the centre, which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Incidents occurring in the centre were being monitored effectively and were used to inform quality improvement. All incidents, with the exception of one, had been submitted to the Chief Inspector as per regulatory requirements.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of training was available to all staff in the centre and training was up-to-date. Fire training was taking place on day two of this inspection. Records and documentation, were well presented, organised and supported effective care and management systems in the centre. Performance reviews and annual appraisals of staff being were being carried out, however, the system in place to ensure that staff were monitored appropriately required strengthening, which is further detailed under regulation 16.

All requested documents were readily available to the inspector throughout the inspection. Policies and procedures were available, which provided staff with

guidance about how to deliver safe care to the residents. The inspector reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date. Residents had contracts of care which contained all information as per regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

A new person in charge had been appointed in November, 2021. They are a registered nurse with the required managerial and nursing experience, as specified in the regulations. They were actively engaged in the governance and day-to-day operational management of the service. They were knowledgeable about the regulations and about their statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

This inspection found that care staff in the evening from 17:30-21:00hrs was not adequate considering the care requirements of residents and the size and layout of the centre. Due to staffing shortages there were gaps in the roster. This led to some delays in care delivery.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The following pertaining to training and staff development required to be addressed:

- the formal supervision arrangements in place for staff who had disciplinary action, to ensure they were sufficiently robust, to prevent recurrence.
- the inspector found that further training was required in care planning

documentation, due to a deficit of knowledge of new staff. The management team acknowledged this finding on the day of inspection and planned for further in-house training.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed a sample of staff personnel records and found that they included all of the required prescribed information, as set out in Schedule 2 of the regulations. Other records as required by the regulations were well maintained, securely stored and made available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

As detailed under regulation 6, the system in place for monitoring residents healthcare requirements required review to ensure the service provided is safe appropriate and consistent.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

All residents had a written contract of care that included the services provided and fees to be charged, including fees for additional services. Contracts also included the room to be occupied.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the centre which contained all information required, as per the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on a review of incidents the inspector was satisfied that all notifications, with the exception of one, were submitted as required by the regulations to the Chief Inspector. This one notification was in relation to an allegation of professional misconduct by a staff member and required to be submitted as an NF07. This was submitted immediately following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints policy that was in line with regulatory requirements. The complaints procedure was displayed in a prominent and accessible area of the centre. A review of the complaints log found that complaints were clearly documented and investigated in line with the centres policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required as per Schedule 5 of the regulations were in place and updated on a three yearly basis, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents were in receipt of a good standard of care, by staff that were responsive to their needs. Residents spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they felt safe in their home. However, this inspection found that some areas required to be addressed pertaining to healthcare, care planning, infection control and fire precautions. Each of these findings will be discussed in more detail, under the relevant regulation.

Residents had timely access to general practitioner (GP) services and to allied health and social care professionals, as requested by residents or required. Systems were in place for referral to specialist services such as dietetic, speech and language and occupational therapy services. The provider employed a physiotherapist who attended the centre weekly. Tissue viability expertise was available to support the staff in the prevention and treatment of wounds. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements. Residents nutritional needs were addressed and residents were weighed monthly, or more frequently if indicated. However, some areas such as wound care assessment and skin integrity documentation required improvement, which is further detailed under regulation 6.

Care planning documentation was available for each resident in the centre. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Resident's care needs were assessed through a suite of validated assessment tools to identify areas of risk, specific to residents. This included the risk of impaired skin integrity, falls, malnutrition and safe mobility needs. However, this inspection found that care plan documentation was not always updated when needs of residents changed, which is further detailed under regulation 5.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance, issued by the Pharmaceutical Society of Ireland. The person in charge was actively promoting a restraint free environment. The management team monitored the use of physical and chemical restraint in the centre and discussed, implemented and reviewed the effectiveness of alternatives to restraint. Their use of bedrails had reduced in the centre and no residents were using bedrails on the days of this inspection.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection. The provider supported three residents to manage their pension and this was done in line with the department of social protection guidelines. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables.

The premises was designed and laid out to meet the individual and collective needs of the residents. 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. The centre was clean and there was good oversight of cleaning of the centre by management. Based on the observations of the inspector some staff were not wearing face masks appropriately which required to be addressed. There were also an insufficient amount of hand wash sinks to facilitate staff with hand washing. The inspector was informed that a review of the hand hygiene facilities in the centre had recently taken place and there were plans to address findings of this review.

The management of fire safety was kept under review. Service records were in place for the maintenance and testing of fire detection and containment systems. There was evidence that a visual inspection of fire safety measures in the centre had been completed by an external service provider and actions arising from these inspection were completed. Records evidenced that staff engaged in frequent fire evacuation drills in the centre. However, further drills were required pertaining to evacuation of the largest compartment to ensure this could take place in a timely manner, as detailed under regulation 28.

The inspector found that residents were free to exercise choice in how to spend their day. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service. There was evidence that where residents had made suggestions these had been addressed by management.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting was observed to be unrestricted and residents could receive visitors in their private accommodation. The inspector met with three visitors during the inspection who were complementary about the care provided in the centre and the kindness and commitment of staff.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well maintained. There were some walls that required painting, however, this was in progress and scheduled in the coming weeks. The premises conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks. Refreshments were made available at the residents request. Menus were developed in consideration with residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements, as detailed in the resident's care plan.

A daily menu was displayed in the dining room, however, this was difficult for residents to see, due to where it was positioned. Menus in more suitable formats and in appropriate locations would assist residents to know what was available at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that included the information as set out in Schedule 5 of the regulations. There was an associated risk register that set out risks and control measures in place, to mitigate the risks identified.

Judgment: Compliant

Regulation 27: Infection control

Some area required to be addressed pertaining to infection control practices, to achieve full compliance with the standards, for example:

- there were not enough clinical hand wash basins available to facilitate staff with safe hand washing.
- some staff were observed over the two days of this inspection not wearing face masks appropriately, which posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following required to be addressed to comply with fire precautions;

- the inspector reviewed drill records available, which simulated the evacuation of the largest bedroom compartment, of nine residents. It was evident that further assurances and drills were required to ensure that all staff were familiar with evacuation procedures and that residents could be safely evacuated, in a timely manner, at the higher risk time when staffing levels are lowest.
- there was no signage in the nurses station to indicate that oxygen was stored in that area.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Medication administration practices were being monitored well and areas for improvement were identified and actioned.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

This inspection found that there was a deficit of knowledge with regards to care plans and further training would be required, evidenced by:

- two residents care plans did not reflect the residents high risk of malnutrition.
- one care plan was not updated to reflect the dietitian recommendations.
- assessments for the risk of pressure ulcers were not updated when residents had experienced weight loss.
- a resident prescribed subcutaneous fluids did not have sufficient detail included in their care plan to direct this prescribed care.

Judgment: Substantially compliant

Regulation 6: Health care

The following required to be addressed pertaining to healthcare:

- a resident being assessed as requiring oral care 3 hourly, did not always have this care implemented as frequently as their assessment recommended.
- some wound care documentation did not evidence effective wound care assessment and monitoring. For example; not all wounds were being measured weekly as per the centres policy, therefore, it was difficult to determine if wounds were improving or had deteriorated.
- where residents had experienced weight loss they did not always have a comprehensive assessment of the risk of pressure ulcer development, which had increased due to this weight loss.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents needs in relation to relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs. Restrictive practices, were managed in the centre through ongoing initiatives to promote a restraint free environment. 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).

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy provided guidance to staff with regard to protecting residents 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 reported feeling safe in the centre and told the inspector that they would have no difficulty talking to staff should they have any concerns. The provider was a pension agent for three residents and there were robust systems in place which were regularly audited. The inspector reviewed finances and there was a good system of verification of residents personal monies and for services provided such as chiropody, before residents or their families were invoiced.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected in Carechoice Clonakilty and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful, co-ordinated social activities that supported their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially 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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareChoice Clonakilty OSV-0000230

Inspection ID: MON-0037830

Date of inspection: 06/10/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Staffing levels are reviewed by management on an ongoing basis to ensure that they are adequate to meet the needs of the residents and their care. • Extensive recruitment processes are in place to include recruitment of overseas staff. Unfortunately, at the time of the inspection the home had been experiencing some issues due to the delay in recruitment process related to permit and visa processing. • Since the inspection newly recruited staff have commenced and the evening shift is now covered. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Following disciplinary action, staff are monitored by way of personal improvement plans, planned review meetings, supervision, rostering allocation, attendance, and further training. The clinical management team complete these documented reviews until they are satisfied that recurrence has been prevented and the staff is knowledgeable in performing their duties to a high standard. • Newly recruited staff nurses receive training in resident assessment & care-planning in line with the homes policy. The staff will continue to be supported and guided in the development and update of care plans by the onsite clinical management team. Weekly auditing of care plans will continue to assess and determine the ability of the nursing team in completing assessment and care-planning. 	

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

- The home has a Clinical Governance Committee which oversees continuous quality improvement and clinical risk management. The Committee is comprised of the Person in Charge/DON; the Assistant Director of Nursing, CNM, a registered nurse and a healthcare assistant. The Clinical Governance Committee meet at a minimum every 3 months to review the quality and safety of care and services and to develop action plans for continuous improvement.
- The Quality & Compliance Department coordinates, monitors, reviews and reports on audits of current practice against standards in any aspect of health care associated with Care of the Older Person in the Nursing Home and includes both clinical and non-clinical audit.
- The Clinical Management team record, monitor and review in conjunction with the Regional Quality Manager the weekly and monthly KPI's, clinical reports and completed QUIs assessments to ensure that the care provided to residents is safe, and appropriate.
- Ongoing auditing of assessments and care plans continue to be monitored by the clinical management team to ensure the healthcare provided to residents is assessed, documented and provided appropriately in line with the residents careplan.
- All residents assessments and care plans are reviewed minimum 4 monthly or when the residents condition alters and this includes oral hygiene, skin integrity, and nutrition.
- The clinical management team review wounds and related documentation on a weekly basis to ensure that all wounds are measured appropriately and timely.
- Within the above greater emphasis will be placed on record keeping with respect to assessment and careplan documentation.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- The Clinical Management team have received training in the area of HIQA notifications, provided by the CareChoice Quality Department earlier in 2022. The home will continue to review and consider any incident in line with the HIQA guidance for submitting relevant notifications and communicate with the inspector in relation to same.
- The clinical management team will consider the requirement for notification in the future with respect to staff disciplinary issues that may be considered misconduct and require notification.

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

- An audit of clinical hand wash sinks was completed in August 2022 by an external provider IPC specialist and all immediate actions are completed. Replacement of sinks is scheduled as part of 2023 upgrading project.
- This audit identified internal controls to ensure compliant IPC in the home which had been implemented. Clinical hand wash facilities are available on entry to the home, in all clinical rooms and all sluice rooms. There are alcohol hand gel dispensers in all residents' rooms, and in all corridors and communal areas of the home, as well as all bedrooms having a full ensuite facility. The audit suggested that one extra handwash sink be installed in Galley head corridor in the future as part of the 2023 upgrade. The audit did not identify risk associated with not enough clinical hand wash sinks.
- Further training in how to safely wear a surgical mask has been completed with staff, increased signage in safe use of a surgical mask has been applied. Regular monitoring is completed by the clinical management team to ensure staff are wearing their mask appropriately.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The PIC has completed a review of the fire evacuation drills and a fire evacuation with new employees, at the higher risk time, when staffing levels are lowest will continue to be completed as part of the fire management systems in the home.
- Going forward fire drill training exercises will not be recorded as fire evacuation drills within part of the fire management systems.
- All oxygen signage has been reviewed and where required a larger sign has been implemented.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All nursing staff have received training in assessment and care planning. • The clinical management team will continue to complete care plan audits each month to ensure that they are personalized, updated and meet the requirements. Each nurse will be provided with feedback from the audit with support and supervision provided as part of follow up. • Nurses have been provided with a care plan and assessment toolkit that will further assist them in accurate completion. • A review of careplans was undertaken and any relevant documentation gaps identified has been updated. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • All residents healthcare needs are discussed at the staff handovers x 2 per day. The team also meet during the day to review any changes to residents or any identified deterioration or risk. The care provided to the residents is assessed by the nursing team and recorded in the daily progress notes. Record of the residents intake is documented in the progress notes and discussed with the GP as appropriate. • Staff will continue to receive training in relation to attending to residents oral hygiene. Nurses have been guided in dissemination of information following changes in assessments, via handover documents and huddles. The clinical management team will continue to monitor the frequency of delivery of oral hygiene to residents. • All wounds will continue to be reviewed weekly by the clinical management team and the review documented within the individual residents wound care chart. Nurses are guided in effective management of all wounds by the clinical management team. Wound assessments to include linear measurement of the wound will now be completed at each dressing change. • All residents nutrition and weight is assessed with completing the monthly MUST assessment and each resident has a Braden assessment tool to determine any healthcare risk. The nursing team are aware to discuss any changes in the residents assessment with the clinical management team and the GP as appropriate. Residents care plans are updated with any change in care needs and disseminated to staff at daily handovers. • The PIC ensures that all assessments and care plans reflect the resident needs in completing a robust auditing schedule and the results of the audits are discussed with 	

the nursing team.

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.	Substantially Compliant	Yellow	15/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/11/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/11/2022
Regulation 27	The registered	Substantially	Yellow	01/03/2023

	<p>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.</p>	Compliant		
Regulation 28(1)(d)	<p>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</p>	Substantially Compliant	Yellow	15/11/2022
Regulation 31(1)	<p>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</p>	Substantially Compliant	Yellow	15/11/2022

	notice in writing of the incident within 3 working days of its occurrence.			
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	15/11/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	15/11/2022