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:	St Teresa's Nursing Home
Name of provider:	Cashel Care Limited
Address of centre:	Friar Street, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 September 2021
Centre ID:	OSV-0000293
Fieldwork ID:	MON-0032970

About the designated centre

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

St. Teresa's Nursing Home is centrally located in the town of Cashel, Co. Tipperary and is in close proximity to all facilities such as the church, shops and restaurants. The original premises dates back to the 1800's and was formerly a convent that had been refurbished and modernised. The centre originally opened to provide residential care in 2003 and caters for both male and female residents over the age of 18 years and is registered to provide care to 30 residents. Twenty four hour nursing care is provided with a registered nurse on duty at all times. The centre accommodates low, medium, high and maximum levels of dependency including residents that may be ambulant and confused. Communal accommodation in the form of dining and day rooms are on the ground floor and bedroom accommodation is on the first and second floors. There are three single bedrooms and six twin bedrooms on each floor. The registered provider is a limited company called Cashel Care Ltd and employs approximately 30 staff. Staff employed in the centre include registered nurses, care assistants, an activities co-coordinator, maintenance, laundry, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

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 28 September 2021	09:30hrs to 18:45hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection of St.Teresa's Nursing Home. Overall, residents spoke positively about the staff working in the centre. They told the inspector that staff were kind and caring. Areas for improvement were required, predominantly in relation infection prevention and control and staffing.

The inspector arrived to the centre unannounced for a one day inspection. On arrival, the inspector was met by the person in charge and ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checks were implemented, prior to entering the centre. After an opening meeting with the person in charge the inspector went on a walk around the centre, where he met and spoke with residents, predominantly in communal areas.

St. Teresa's Nursing Home is a three storey premises located in the centre of Cashel town, County Tipperary and is registered to provide care for 30 residents. All bedroom accommodation is on the first and second floors and all communal rooms are on the ground floor. It is a family run nursing home and the building itself is a protected structure. On the day of this inspection there were 29 residents living in the centre. Bedroom accommodation on each floor comprises 6 twin bedrooms and three single bedrooms. Three of the bedrooms on each floor are en suite with a shower, toilet and wash hand basin. Each of the other bedrooms share a bathroom with one other bedroom.

Access to the upper floors is via a standard passenger lift located off the main sitting/dining room. There is also a large platform lift to the rear of the premises. There are two stairwells, situated at either end of the building. There is unrestricted access to the enclosed garden area, which is a mature garden with seating and walkways for resident use. Residents confirmed to the inspector that they had easy access to the enclosed gardens and this was supported by the observations of the inspector. Some resident were seen to sit outside the door leading to the garden smoking cigarettes. Some residents were also seen to sit immediately inside this door at the base of the stairwell smoking cigarettes.

Communal space comprises a small lobby area at the entrance with some seating, leading into the sitting room with an adjacent conservatory. This area is predominantly used for visiting and can also be used by staff as an office for administrative purposes. Further into the premises, there is a larger sitting/dining room with the sitting area on one side of the room and the dining area on the opposite side. Residents predominantly spend their day in the sitting room and this is also where activities are facilitated. On the morning of the inspection the inspector observed activities taking place. Residents were seen to actively participate in a game of Floor Ludo. However, the activity coordinator finished duty at 14.00hrs each day and there were no organised activities in the afternoon. The inspector observed that a number of residents were sleeping in the afternoon while others

were seated in the sitting room with the television on in the background.

Overall there is a distinct lack of space as evidenced by the absence of a nurses' office and treatment room. There is a nurses' station on each of the upper floors, but this is predominantly used at night time so that staff are in close proximity to residents. Residents care plans and medical records are stored in a locked cupboard in the corner of the dining area and this is where nursing staff carry out administrative duties, such as updating care plans and completing daily narrative notes.

On the initial walk around the inspector noted some infection prevention and control related issues. The floor covering on the corridor leading from the sitting room to the toilets was significantly damaged and torn. This would make it difficult to clean effectively. It was also noted that the toilet on the ground floor was unclean. There were stains noted on a grab rail and on the radiator. There was an unused incontinent pad hanging across a handrail, a used face mask on the floor, a urine bottle was stored in a holder hanging from the toilet cistern and the paper towel dispenser did not effectively dispense the towels. A number of paper towel dispensers did not contain any paper, including the towel dispensers in the sluice room on the first and second floors.

The inspector observed that all the bedrooms were clean and tidy. Some of the bedrooms, however, lacked personalisation and there was a distinct lack of personal memorabilia and photographs. The curtains surrounding some of the beds in the shared rooms did not provide adequate privacy, especially for a resident in the bed immediately inside the bedroom door. It would not be possible to provide adequate privacy to residents in these beds during care provision should the other resident enter the room at that time.

There was a need to review the system in place for cleaning the premises. There was no housekeeping cart in use for the storage of cleaning equipment and for the segregation of clean and used cloths and mops. The system described to the inspector, particularly in relation to the equipment used for mopping floors and the frequency at which mop heads and cleaning solution was changed, did not correlate with good practice. There were also inadequate records maintained to confirm that all areas of the premises were cleaned and to record periodic deep cleaning. At the outset of the inspection the inspector was informed that usual housekeeping staffing comprised two staff from 09.00hrs to 15.00hrs from Monday to Friday and one staff member at weekends. However, on the day of the inspection there was only one housekeeping staff on duty and a review of the roster for the week of the inspection and the week preceding the inspection identified that two staff were on duty for only one day each week. Additionally, the staff member was only scheduled to work from 09.30hrs to 13.30hrs on the day on the inspection and for the remainder of that week.

The inspector spoke to a large number of residents. The feedback from most residents was positive. Residents confirmed that staff responded in a timely manner when they rang the call bell. When asked about life in the centre one resident directed the inspector to the view ot the window, which was of the Rock of Cashel.

Another resident said that staff were very good and were always helpful. The inspector spoke with two visitors and both were complimentary of the care provided to their relative. They confirmed that they were kept up to date with any changes in the health status of the resident. They stated that they felt welcome in the centre and that their relative was happy living in the centre. Most resident's spoken with said they usually spent their day downstairs in the sitting room but some said they went outside whenever the weather was reasonable.

During the walk around of the premises the inspector viewed the laundry room. The room was quite small and contained a domestic style washing machine and a larger industrial type dryer. The size of the room did not facilitate the segregation of clean and dirty linen. Used floor mops were stored in a basin beside the washing machine. The inspector was informed that clothing sent to the laundry in alginate bags were hand washed before they were put in the washing machine. The wash hand basin was in the corner of the room and was obstructed by a linen trolley making it inaccessible. There were no paper towels in the dispenser.

Staff spoken with were knowledgeable of residents and their individual needs. Where residents required assistance during this inspection, the inspector observed staff assisting residents in a discrete and sensitive manner at all times.

The inspector had the opportunity to observe residents' dining experience. Residents with whom the inspector spoke were complimentary about the food served in the centre and confirmed that they were always afforded choice. Most of the residents had their meals in the sitting/dining room area. Approximately half of the residents were seated at the tables in the dining area and the other half had their meal from bedside tables in the sitting area.

Visiting was facilitated in line with latest guidance from the Health Protection and Surveillance Centre and visitors were seen to come and go throughout the day. There were no restrictions place on visitors for residents nearing end of life.

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

Capacity and capability

There was a clearly defined management structure with clear lines of authority for the day to day operation of the centre. Improvements were required in the centre's quality and safety monitoring arrangements and in staffing resources.

The centre is a family run centre owned and operated by Cashel Care Limited who is the registered provider. The company is made up of two directors. One of the directors is the person in charge and she represents the provider. The person in charge is responsible for the day to day operation of the centre. The second director

is available as support and carries out some of the day to day upkeep of the centre. The person in charge lives locally and is on call at the weekends and evenings. While there is no appointed assistant director of nursing or clinical nurse manager, a staff nurse has agreed to deputise for the person in charge in her absence and has been allocated supernumerary hours to carry out managerial functions, such as auditing. The person in charge is supported by a team of nursing, care staff, activity, housekeeping, and catering staff.

The inspector acknowledged that residents and staff living and working in the centre had been through a challenging time. The centre was subject to an outbreak of COVID-19 in November 2020 during which 13 residents and nine staff tested positive for the virus. Fortunately, all residents and staff subsequently recovered from the virus. There was a COVID-19 contingency plan in place to guide practice should there be a further outbreak. There were systems in place to monitor both residents and staff for early signs and symptoms of the virus, including temperature checks twice daily.

As found on the last inspection, the centre was under resourced from a household staff perspective, and increases in the cleaning hours that had been put in place subsequent to the last inspection had not been maintained. There was also a need to review staffing levels from a caring and activities perspective. The inspector was informed that there were usually five healthcare staff on duty each morning, however, on the week preceding this inspection and on the week of the inspection, four healthcare staff were scheduled to work each morning. The staff member responsible for providing activities for residents finished each day at 14.00hrs and there were no activities scheduled for the afternoon. This was supported by the observations of the inspector during the afternoon, when most resident were observed to be in the sitting room with minimal stimulation.

Interactions by the person in charge and all staff with residents were seen to be courteous and respectful. It was evident that residents felt safe and comfortable in their presence. There was a comprehensive programme of training and staff were facilitated to attend training relevant to their role in the centre. Improvements were required in relation to recruitment practices as it was found that a member of staff had commenced employment in the centre prior to receipt of a Garda vetting disclosure and without the requisite two employment references. A completed Garda vetting application was seen and the provider was awaiting processing by the National Vetting Bureau.

A review was required of the overall quality improvement strategy within the centre. Improvements were noted in the auditing process since the previous inspection, however, further improvements were required. There was not always a time bound improvement plan with each audit to identify who was responsible for implementing required improvements. While there was a document titled Annual Review, it was not a comprehensive review of the quality and safety of care measured against national standards as required by the regulations.

There were low levels of complaints recorded and the provider worked hard to ensure that complaints or concerns were resolved at an early stage. Residents

confirmed that they were aware that they could register a complaint if they were unhappy with any aspect of the service provided.

Regulation 15: Staffing

A review was required of staffing in relation to the following:

- based on a review of the staff roster, healthcare assistant hours did not reflect the staffing levels described to the inspector or meet the assessed needs of residents given the design and layout of the centre
- a review of the roster indicated that there was only one household staff on duty for most days each week. The hours worked for household staff had also been reduced from five hours each day to four hours per day, which was not sufficient to ensure effective cleaning of the centre
- the staff member responsible for activities worked from 09:00hrs to 14:00hrs each day and therefore there were no scheduled activities after lunch each day.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of training records and discussions with the person in charge indicated that staff were facilitated to attend training relevant to their role. All staff had received up to date training in mandatory areas such as fire safety, responsive behaviour, manual and people handling, and safeguarding residents from abuse.

Judgment: Compliant

Regulation 21: Records

A review of a sample of four staff files found that two files did not contain all of the required records:

- one staff member did not have a Garda vetting disclosure
- the was an incomplete employment history for one member of staff
- there was only one employment reference instead of the required two for one member of staff

Judgment: Not compliant

Regulation 23: Governance and management

While there was a comprehensive programme of audits, there was no associated improvement plans, identifying who was responsible for implementing the required improvements.

The annual review of the quality and safety of care was not comprehensive and was not prepared in consultation with residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all notifications required to be submitted to the office of the Chief Inspector were submitted. For example:

- a incident involving a resident sustaining a serious injury requiring medical/hospital treatment was not notified
- a notification was not submitted when a resident was suspected of having a COVID-19 infection

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a centre specific complaints policy and a summary of the complaints process was on prominent display in the centre. A review of the complaints log indicated that all complaints were recorded, investigated and detailed whether or not the complainant was satisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Overall, the feedback from residents was positive and the inspector was satisfied

that residents were happy living in the centre. Staff appeared to be kind and caring and all interactions between staff and residents observed by the inspector were respectful. Improvements were required predominantly in the areas of assessment and care planning, fire safety, and infection prevention and control. Each of these issues are discussed in more detail under the relevant regulation.

All residents were assessed on admission using recognised assessment tools. While many residents were assessed for issues such as the risk of falling, the risk of malnutrition and the risk of developing skin breakdown, a full suite of these assessments were not in place for all residents. Many residents did not have assessments of their manual handling needs to support staff provide care for residents that had limited mobility. There was also a need to ensure that personalised care plans were in place for all residents and that these were updated to reflect residents' changing needs. For example, some care plans had been originally written on admission a few years previously. While records indicated these were reviewed on a regular basis, some were not amended in the interim to reflect each resident's needs as they became more infirm or as a particular disease process may have progressed.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak as well as other contingency plans in the event of an emergency or the centre having to be evacuated. The residents smoking area is at the base of a stairwell leading to the enclosed garden. Following the last inspection assurance were provided by a competent person that this area was safe and fire safety was not compromised by residents smoking there. Some improvements were required in relation to risk assessing residents that smoked and there was also need to ensure that supervision arrangements were based on a risk assessment of each resident who smoked. This is further discussed under Regulation 26 in this report.

A review of fire safety records indicated that there was a programme of preventive maintenance for fire safety equipment. All resident' bedroom accommodation was on the first and second floors. Each resident had a ski sheet placed under their mattress to assist in the evacuation of residents in the event of an emergency. There were also ski pads at the top of each stairs landing at either end of the corridors on the upper floors, should residents need to be evacuated down the stairs. Based on a review of records, the most recent fire drill was conducted in May 2021 and this drill simulated a fire in the kitchen on the ground floor. The record of previous drills contained inadequate detail to ascertain the scenario simulated or the success of the drill. Given that all residents' bedroom accommodation is on the upper floors and there are only two staff on night duty between 22.00hrs and 08.00hrs, adequate assurances were not provided that all residents could be evacuated to a place of relative safety in a timely manner in the event of a fire. There was also a need to ensure that all staff were aware of what is considered a place of relative safety during an emergency evacuation. In light of the absence of these assurances, an urgent compliance plan was issued to the provider after the inspection.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. Residents that spoke with the inspector reported that they felt safe in the centre. The person in charge advised that all staff had received training in safeguarding vulnerable adults from abuse.

Residents had good access to medical care and medical notes seen by the inspector indicated that they were reviewed regularly. There was good access to allied health and specialist services such as dietetics, occupational therapy, speech and language therapy and mental health services.

Regulation 11: Visits

Visits had resumed at the centre in line with updated national guidance for residential centres. Staff guided visitors through appropriate COVID-19 safety checks at the centre.

Judgment: Compliant

Regulation 17: Premises

Overall the design and layout of the centre was suitable to meet the needs of residents. Resident bedroom accommodation was on the upper floors and all communal space was on the ground floor. There was good access to outdoor space and residents were seen to spend some time outdoors.

Judgment: Compliant

Regulation 26: Risk management

Improvements were required in relation to risk management, including:

- a review was required of the smoking risk assessment tool to ensure that it supported staff to make an objective assessment of each resident's ability to smoke independently and to determine the level of supervision required. The risk assessment tool in use was generic in nature and did not guide the risk assessment of each resident on an individual basis
- staff completed a log to record when they observed residents in the smoking area, however, the frequency of observations was not based on a risk assessment to ensure that the supervision arrangements were determined by the needs of each resident that smoked

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements required in relation to infection prevention and control included:

- household staff did not use a cart during cleaning to support the segregation of clean and used equipment
- the laundry was not adequate in size to support the segregation of clean and dirty linen and prevent cross contamination
- soiled laundry was pre-washed by hand
- the wash hand basin in the laundry was inaccessible as it was obstructed by a laundry trolley
- a number of paper towel dispensers for drying hands were empty on the day of the inspection
- a urinal, a commode and a fluid stand were stored in a bathroom
- floor covering was damaged and could not be effectively cleaned.
- there was an ineffective system for changing cleaning equipment and cleaning solutions to minimise the risk of cross contamination
- there were inadequate records maintained to identify what was cleaned each day, including deep cleaning

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety precautions required review in the following context:

- all resident' bedroom accommodation is on the first and second floors. Fire drill records did not contain adequate detail to provide assurances that all residents could be evacuated in a timely manner to a place of relative safety in the event of a fire. The provider committed to conducting fire drills in the week following this inspection in order to provide those assurances
- while preventive maintenance of the fire alarm had most recently been completed in September 2021 the interval to the previous service had extended beyond the quarterly schedule required by relevant standards

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicine administration, ordering, storing, prescribing, returning and disposal practices were found to be safe. Nurses maintained a register of controlled drugs, which was checked and signed twice daily by two nurses. Medication reviews and pharmacy audits took place on a regular basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were required in the assessment and care planning process, including:

- while most residents had comprehensive assessments using validated assessment tools, some resident did not have assessments for issues such as the risk of falling or to identify manual handling needs
- a number of assessments were overdue review to ensure that any changes in the resident's condition were captured and reflected in a care plan
- some residents did not have care plans in place for all issues relevant to their care such as a care plan for a resident who was approaching the end of their life or for a resident at risk of malnutrition

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP). Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were nine residents using bed rails. Prior to the use of bed rails each resident had a risk assessment conducted and records indicated trialling of less restrictive alternatives, such as floor mats and movement alarms.

Judgment: Compliant

Regulation 8: Protection

There was an up to date policy on safeguarding residents from abuse. All staff had attended relevant training. Staff who spoke with the inspector were knowledgeable about what to do in the event of suspicions or allegations of abuse. Residents stated that they felt safe in the centre. The provider was not pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

As there was one activity coordinator was on duty from 09:00hrs to 14:00hrs, limited activities were available in the afternoon.

Curtains did not provide adequate screening between beds in all of the shared bedrooms to support residents' privacy during the provision of personal care.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Teresa's Nursing Home OSV-0000293

Inspection ID: MON-0032970

Date of inspection: 28/09/2021

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have three cleaning staff on the duty going forward and two on per day. Two staff on annual leave during the inspection and two out on maternity, we will continue to provide safe staff levels as instructed by the inspector as per our statement of purpose and function and will recruit if necessary. Healthcare assistant hours will be maintained at a safe staff level as per dependency levels of the residents in the nursing home. Activity co coordinator hours are from 9-2 daily and extra activities are carried out from outside providers such as reflexology, exercise classes, music sessions and exercise classes in the afternoon.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The garda vetting which was applied for prior to the inspection for one staff member has now come back from NHI. The second reference for one staff member has been received. The CV with gaps of employment has been updated.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
All audits completed will include improvement plans which will identify who is responsible for implementing the required improvements.
The annual review will be made more comprehensive.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
All notifications will be sent in within the relevant timeframes

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
A systematic process will be put in place for supervision of smokers at all times, the risk assessments currently in each residents file will be reviewed and changed as per the inspectors instructions

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Household staff will use a cart during cleaning to support the segregation of clean and used equipment

Soiled laundry will be sluiced in the sluicing bathroom in future if needed, the bin in front of the wash hand basin has been moved.

Laundry trolley has been moved from in front of the wash hand basin

The paper towel dispensers for drying hands have been refilled

Urinals, commodes and a fluid stand will not be stored in a bathroom

The floor covering will be changed once the carpenter gives us a date in which he can remove the marmoleum and place down a new floor

The system for changing cleaning equipment and cleaning solutions to minimise the risk of cross contamination will be reviewed and changed if necessary. Mops may be changed to the flat mop system or similar to ensure mops are changed between rooms as per IPC guidelines.

The laundry room will be reviewed by the provider and if changes are feasible within the home we will endeavor to make these changes.

Records maintained to identify what was cleaned each day, including deep cleaning are available to view in the dayroom for deep cleaning. new cleaning staff who had started with us two weeks prior to the inspection was unaware of this, copies of same can be sent to inspector.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire drill carried out within a week of the inspection and sent to the inspector.
Fire alarm had been checked and was up to date on day of inspection, we cannot ask the engineer to change any past records but only ensure he comes in quarterly. We will conduct regular reviews of the dependency levels of residents for evacuation procedures and carry out frequent fire drills.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Care plans will be commenced and reviewed as requested by the inspector

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: As the inspector was only present for one day he did not take account of other days of the where we have reflexology, sonas, music sessions and exercise classes held in the dayroom in the afternoons. We will continue to provide an extensive activities programme for the residents in mornings and afternoon, if they so wish. Curtains between the beds in the bedrooms will be reviewed and changed if necessary	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/09/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/09/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	21/11/2021

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	21/11/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	21/11/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	21/11/2021
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	21/11/2021
Regulation 28(1)(e)	The registered provider shall	Not Compliant	Red	04/10/2021

	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 followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	04/10/2021
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.	Substantially Compliant	Yellow	29/10/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social	Substantially Compliant	Yellow	21/11/2021

	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.			
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	21/11/2021
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	28/09/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	21/11/2021