



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

## Issued by the Chief Inspector

Name of designated centre:	Woodlands Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	Bishopswood, Dundrum, Tipperary
Type of inspection:	Unannounced
Date of inspection:	18 October 2023
Centre ID:	OSV-0000304
Fieldwork ID:	MON-0041134

## About the designated centre

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

Woodlands Nursing Home is situated in a rural setting on the outskirts of the village of Dundrum and a 10 minutes drive from the town of Cashel, Co Tipperary. The centre is registered to accommodate 42 residents, both male and female. Residents' accommodation comprises single bedrooms with wash-hand basins, single and twin bedrooms with en-suite shower and toilet facilities, a conservatory, two dining rooms, sitting rooms and comfortable seating throughout. Other facilities include assisted toilets, shower wet rooms, an assisted bathroom and a laundry. There were two enclosed courtyards and a secure garden for residents to enjoy. Woodlands caters for people with low to maximum dependency assessed needs requiring long-term residential, convalescence and respite care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
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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 18 October 2023	20:40hrs to 22:00hrs	John Greaney	Lead
Thursday 19 October 2023	09:30hrs to 17:30hrs	John Greaney	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was one of a satisfaction with the quality of care in the centre. The inspector greeted and chatted to a number of residents and spoke in more depth with five residents to gain an insight into their experience of living in Woodlands Nursing Home. On the days of the inspection there were 39 residents living in the centre.

The inspector arrived unannounced at the centre at 20:45hrs in the evening time and was greeted by a clinical nurse manager (CNM). Following a brief introductory meeting with the CNM, the inspector walked through the centre and spent time talking to residents and staff. The inspector was informed that a new resident was expected. The resident had been expected earlier in the evening but there was a delay with the ambulance transport. The resident arrived shortly after 9pm. The nurse on day duty was scheduled to finish at 9pm. This nurse had administered night time medications to approximately half of the residents while the night nurse was administering medications to the remaining residents. The person in charge visited the designated centre shortly after the inspector arrived to ascertain if staff needed support with the inspection, when she was notified by staff that the inspection was in progress.

The inspector spent time observing the night time routine, staff interactions with residents and care environment. On arrival to the centre the inspector noted that there were six residents in the main sitting room. Some of these residents told the inspector that they liked to go to bed around 10pm. The majority of residents were observed to be in their bedrooms when the inspector arrived. It was evident that residents' night time choices were respected, such as when they would like to go to bed. Some residents were observed to be sleeping, others were awake watching television and some were observed to be reading. Staff were observed to be busy, offering hot drinks and snacks and providing personal care to residents.

Woodlands Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a rural area, close to the village of Dundrum, Co. Tipperary. It is a single storey facility that was originally a school that has been renovated and extended to reach its current capacity of forty three residents. Bedroom accommodation comprises seventeen single and thirteen twin bedrooms. Eight of the single rooms and one twin room are en suite with shower, toilet and wash hand basin. The remaining bedrooms have wash hand basins in the room and residents in these rooms share access to communal bathrooms.

Communal space within the centre comprises a large sitting room with an adjacent dining room, a second dining room and a conservatory style visitors' room. Recently, a sitting room had been converted to a single en suite bedroom. To counteract the loss of this communal space, a second visitors' room has been created off the main entrance lobby. There was also an activities' room, but this is mainly used to store

activity related equipment. Residents also had access to two secure outdoor spaces should they wish to spend time outside.

Areas of the centre were in need of redecoration. This included the floor covering of the main sitting room. This was damaged and due to the nature of the damage, it would be difficult to effectively clean. There were some walls and door surrounds with scuffed paintwork. There was also a stain on part of the ceiling where there was previously a leak. The main dining room was also in need of attention. The legs of the tables and chairs were scuffed. There were also three wheelchairs stored in the dining room.

A resident lunchtime meal service was observed. The inspector observed that twenty four residents had their meals in the the main sitting room; two residents had their lunch in the adjacent dining room; and three residents had their lunch in the second dining room. Residents that had their meals in the main sitting room were served their meals on tables, while some had their meals from bedside tables. The person in charge stated that efforts had been made to encourage residents to have their meals in the dining room, but these were largely unsuccessful. Residents expressed satisfaction with the quality and quantity of food provided in the centre. The inspector saw that residents were provided with a choice of food from a menu that was on display on a white board in the dining room. The chef confirmed that residents are also provided with food other than that on the menu should they not have a preference for the food on offer on a particular day. Staff were observed supporting residents with their meals in a kind and caring manner.

The inspector observed respectful and person-centred interactions between staff and residents over the course of the two days of the inspection. Staff were seen to knock on residents' bedroom doors before entering. Residents were complimentary of the staff and the care they received at during the day and night. Residents' told the inspectors that staff were always available to assist them with their personal care during the night should they require assistance. The inspector noted that call bells were responded to in a timely manner.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspection was also conducted to seek assurances that there were sufficient staff and skill mix during the evening and night to provide safe and effective care to the residents living in the centre. Overall on this inspection, the inspector found that there were adequate numbers and skill mix of staff to meet the needs of residents.

Action was required in relation to the process of monitoring the quality and safety of care and the complaints procedure.

Tipperary Healthcare Limited is the registered provider of Woodlands Nursing Home. It is a family owned and operated company, comprising two directors. The company is also the registered provider of one other nursing home, The Cottage, which is located in the town of Clonmel. Both directors are fully engaged in the day to day operation of the centre. One of the directors is the person in charge of this centre and the other is the general manager, with non-clinical operational oversight of both centres. The person in charge is supported by an assistant director of nursing (ADON) a clinical nurse manager (CNM) and a team of registered nurses, health care assistants, kitchen staff, housekeeping staff, activities staff, administration and maintenance staff. There was a stable management team, with clear reporting structures and staff were aware of their roles and responsibilities.

There were adequate numbers of staff and skill-mix on duty to meet the needs of residents living in the centre. On the night of the inspection there were 39 residents living in the centre and four vacancies. There were two nurses on duty in the centre until 21:00hrs and one nurse on duty until 08:00hrs. There were three healthcare assistants on duty until 22:00hrs and two from 22:00hrs to 08:00hrs. The inspectors was assured that there was enough staff and a sufficient skill mix on night duty as call bells were answered promptly, residents were satisfied with the level of care provided, staff had a good knowledge of the needs and preferences of the residents in their care.

Management systems in place to monitor the centre's quality and safety required review. There was an overarching schedule of audits identifying what audits were to be conducted each month. Since the previous inspection, improvements were found in the centres audit schedule. For example; care planning, falls, wound care and medication management audits had been completed which were objective and identified improvements. However, improvements were required in the auditing process to ensure that it captured areas of resquired improvement and that action plans identified when actions were completed. This is discussed further in this report under Regulation 23: Governance and management.

The inspector found that the information and records required by Schedule 2, 3 and 4 of the regulations were available for review. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021, were in place for all staff prior to commencement of employment. Staff personal files reviewed were maintained in line with the requirements of the regulations.

## Regulation 15: Staffing

A review of staffing rosters and the observations of the inspector indicated that there were adequate numbers and skill-mix of staff to meet the care needs of residents. There was one registered nurse on duty each night from 21:00hrs and two health care assistants from 22:00hrs. The inspector was assured that the

number and skill-mix of staff was appropriate, to meet the needs of the residents on the night and day of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety training, safeguarding vulnerable adults, managing behaviour that is challenging and infection prevention. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

### Regulation 21: Records

A sample of four personnel files found that records specified in Schedule 2 of the regulations were obtained for staff prior to commencing employment. Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Compliant

### Regulation 23: Governance and management

Action was required in relation to the monitoring of the quality and safety of care. For example:

- action plans associated with audits did not always identify the person responsible for addressing the action; there was not always a clear time set out by when the action should be addressed; and it was not always identified if the action had been completed
- the audit process did not capture issues found on this inspection, particularly in relation to infection control
- some of the falls audits stated that a trend had been identified, however, there was no actions identified to address the trends
- the annual review of the quality and safety of care was not a measurement

against standards as required by the regulations
Judgment: Substantially compliant
<b>Regulation 31: Notification of incidents</b>
Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
Action was required to ensure that complaints were managed in line with the requirements of the regulations. For example: <ul style="list-style-type: none"> <li>the nominated complaints officer and review officer had not received training to deal with complaints as required by the regulations</li> <li>the procedure for making a complaint that was on display in the centre did not comply with current regulations.</li> </ul>
Judgment: Substantially compliant
<b>Regulation 4: Written policies and procedures</b>
The policy and procedure for managing complaints in the centre was not updated to reflect the requirements of the regulations as set out in S.I. No. 628/2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022 that came into operation on 01 March 2023.
Judgment: Substantially compliant
<b>Quality and safety</b>
The findings of this inspection were that management and staff worked to provide a

good quality of life for the residents living in the centre. Residents health, social care and spiritual needs were well catered for. Improvements were required in the areas of infection control, the premises, fire safety, health care and the mealtime experience.

Residents had good access to a GP of their choice. Residents had access to allied health professionals, either through community services or privately where there were long delays in the public system. Referrals were seen to be made in a timely manner to specialist services such as dietetics, speech and language therapy and psychiatry of later life. While there was access to a wound care specialist through a nutritional supply company, this was not availed of in all instances for residents that had complex wounds that did not show signs of healing. There was also a need to ensure that residents were monitored in accordance with the centre's own policy following falls. These are discussed further under Regulation 6 of this report.

Residents had pre-admission assessments conducted prior to admission in order to ascertain if the centre could meet the assessed needs of each prospective resident. Following admission, residents' social and health care needs were assessed using validated tools for issues such as nutrition, skin integrity, falls and dependency levels, to inform care planning. All care plans were found to have been recently reviewed,

Overall residents' rights were upheld to a good standard. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities. There was a programme of activities available to residents and inspectors observed a good level of participation by residents in both one-to-one and group activities. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Minutes of resident meetings reviewed by the inspector showed that relevant topics were discussed including mealtimes, staffing, and activities.

The inspector observed the meal time experience at lunch time and saw that residents had choice in what they had to eat and drink. Staff were available to support residents that required assistance and did so in a respectful manner. Improvements, however, were required to ensure that mealtimes were a social experience for residents. This is outlined under Regulation 9 of this report.

The premises generally met the needs of residents living in the centre. Since the last inspection, a sitting room had been converted to a single en suite bedroom. The inspector viewed this room and found that it was decorated and furnished to a high standard. A sitting room adjacent to another bedroom, that is predominantly used for short term residents, has been converted into a visitors room. This visitors' room can be access from immediately inside the entrance lobby. Residents have access to a secure outdoor space, however, due to inclement weather this was not availed of on the days of the inspection. There were some general maintenance issues in relation to the premises and these are outlined under Regulation 17 of this report. Residents' clothing and bed linen is laundered by an external laundry and adequate arrangements were in place for the safe return of their clothes. Residents were seen

to have adequate storage for their personal belongings in their bedrooms.

Significant improvements are required in relation to infection prevention and control. In addition to required improvements in cleaning practices, action was also required in relation to maintaining adequate records of cleaning and in the oversight of cleaning in the centre. This is outlined under Regulation 27.

There was good knowledge among most staff with regard to actions to take in the event of a fire emergency, this was reinforced by regular fire training, fire drills and participation in simulated fire evacuations. arrangements were in place for the preventive maintenance of fire safety equipment, however, the maintenance schedule for emergency lighting did not fully conform to relevant standards. Action was required in relation to evacuation signage and quick pictorial prompts attached to bedroom doors. These issues are discussed in more detail under Regulation 28 of this report.

The provider had ensured that residents rights were upheld. Residents had access to newspaper, television and radio. Residents had sufficient facilities for occupation and recreation. A safeguarding policy was in place, and residents were aware of who to speak to should they have a concern. Adequate arrangements were in place for the management of residents' finances.

## Regulation 11: Visits

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

Judgment: Compliant

## Regulation 17: Premises

Action was required to ensure that the premises complied with Schedule 6 of the regulations. For example:

- there was a stain on a ceiling as a result of a previous leak
- the floor covering in the sitting room was worn and cracked
- the paintwork on some walls and door surrounds was damaged and in need of repainting
- the legs of dining room tables and chairs were scuffed
- wheelchairs were inappropriately stored in the corner of the dining room

Judgment: Substantially compliant

### Regulation 26: Risk management

The registered provider maintained policies and procedures to identify and respond to risks in the designated centre. The risk management policy met the requirements of Regulation 26.

Judgment: Compliant

### Regulation 27: Infection control

The provider did not take appropriate action 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 was inadequate oversight of cleaning practices to ensure that all areas of the centre were cleaned effectively
- records of cleaning were not always completed by staff and some staff that may be assigned to cleaning on an intermittent basis did not have access to the electronic system used for recording cleaning
- the taps on the wash hand basin in the laundry were not hands free. Additionally, there was no paper towel dispenser in the laundry
- the wash hand basins in the sluice room and the housekeeping room were visibly soiled
- the design and layout of the laundry room did not support the segregation of clean and dirty linen to minimise the risk of cross contamination. For example, clean linen was stored in open shelves in the laundry room in close proximity to washing machines following return from an external laundry. There was also an ironing board stored against a washing machine in the laundry
- the floor covering in the sitting room was damaged making it difficult for it to be cleaned effectively
- unlabelled cleaning products were stored in the housekeeping room
- the shelf in a cleaning cupboard used to store cleaning products was visibly unclean
- cleaning equipment was inappropriately stored. For example, a mop was stored with the mop head resting on the floor

Judgment: Not compliant

## Regulation 28: Fire precautions

Action was required by the provider to ensure adequate management systems were in place for the evacuation of residents in the event of a fire. For example;

- there was signage on each bedroom door to quickly identify the evacuation needs of each resident. For example, there was a picture of a bed for residents that were to be evacuated in their bed and there was a picture of a wheelchair for residents to be evacuated in a wheelchair. However, the signs did not always accurately reflect the evacuation needs of the resident within that room as identified in the personal emergency evacuation plan (PEEP) or as told to the inspector. The sign on one door identified that the resident should be evacuated using the bed. The inspector was informed that the bed could not be used to evacuate this resident due to the width of the corridor and there was a ski sheet under the mattress for evacuation purposes. Additionally, the signs on the bedroom doors identified that there were eight residents in one fire compartment that could be evacuated using their bed, however, it was not clear that eight beds could be maneuvered to the adjacent fire compartment.
- some of the evacuation signage required review so that it accurately identified where you were in the centre. There was also a need to review the orientation of the signs to support the rapid identification of the safe route of travel in the event of a fire for those that were not familiar with the design and layout of the centre.
- records of preventive maintenance of emergency lighting indicated that the time between servicing extended beyond the recommended quarterly intervals
- on the first night of the inspection the door to the laundry room was being held open with a linen skip

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care plans viewed by the inspectors were comprehensive and person-centred. Care plans were detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to sleep and rest. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff.

Judgment: Compliant

## Regulation 6: Health care

A review of the wound care record of one resident indicated that they may benefit from review by a wound care specialist as the photographic record indicated that healing was not taking place.

Recommended clinical observations were not always recorded in residents that had an unwitnessed fall or in residents that may have sustained a head injury as a result of a fall.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

Bed rails were in place for eight residents while they were in bed. Assessments and care plans for restraints were completed and seen to be used in accordance with the current national policy. While the use of restraint was under constant review through regular restraint reduction meetings, the number of residents with bed rails had actually increased from six to eight. The provider was requested to continue to review the use of restraint in the centre.

Judgment: Compliant

## Regulation 8: Protection

The inspectors found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse, and it was being implemented in practice. The inspectors saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector observed the meal time experience at lunch time and found that improvements were required in order to promote mealtimes as a social occasion for residents. For example:

- many residents had their dinner at a table beside the chair in which many of

them sat all day or at a bed table placed in front of them

- the inspector noted that the dining room was not set out in a manner that would make it an enticing area to eat, due to the storage of wheelchairs in this area and the worn nature of the dining tables and chairs.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Woodlands Nursing Home OSV-0000304

Inspection ID: MON-0041134

Date of inspection: 19/10/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Moving forward we will ensure that a clear action plan is laid out at the conclusion of each audit. These actions will be allocated to the relevant people with a clear time frame. The actions will then be reviewed at each weekly management meeting to ensure completion.</li> <li>• A housekeeping oversight audit has been developed which the ADON has undertaken to complete on a weekly basis which will improve consistency of cleaning processes. The ADON will discuss the results of the audit with the housekeeping team and ensure that any actions forthcoming are completed.</li> <li>• The PIC will as part of her audit review look at identifying trends if they occur and develop action plans to remedy causes if possible.</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The Complaints officer and review office have completed a training of the management of complaints.</li> <li>• We have amended the complaints procedure that is on display to comply with regulations.</li> </ul>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> <li>• Policies and procedures in relation to complaints have been updated to comply with current regulations.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The stain on the reception ceiling is a result of an outside leak. This leak will be investigated, and the ceiling painted.</li> <li>• The floor covering in the dayroom is due to be replaced. This job will be placed on a priority list and will be completed as soon as possible.</li> <li>• All areas requiring paintwork, including furniture will be addressed as part of our ongoing schedule of maintenance.</li> <li>• The existing dining area is currently under refurbishment to allow for a more enjoyable dining experience, and an alternative area for wheelchair storage has been designated</li> </ul>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• A housekeeping oversight audit has been developed which the ADON has undertaken to complete on a weekly basis which will improve consistency of cleaning processes. The ADON will discuss the results of the audit with the housekeeping team and ensure that any actions forthcoming is completed.</li> <li>• All staff now have access to the digital cleaning record system and are trained to its use. All these records will be subject to weekly spot checks and an audit to ensure continued compliance.</li> </ul>	

- The taps in the laundry will be replaced with a hands free system and a paper towel dispenser installed.
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- The housekeeping staff have been reminded that the housekeeping room and sluice rooms were unacceptable and to include them in their daily cleaning routines. The proper storage of equipment has been outlined to house keeping staff. The oversight of this will be included in the housekeeping audit.
- The layout of the laundry has been changed with all clean linen now stored in an alternative location to ensure there is no cross contamination between dirty and clean.
- The floor covering in the dayroom is due to be replaced. This job will be placed on a priority list and will be completed as soon as possible.
- Housekeeping have been notified that no unlabeled cleaning products are to be stored or used.

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

- All signage on bedroom doors will be reviewed to reflect the accurate needs of residents for the purpose of evacuation. We will ensure that peeps, signage and resident needs match.
- We continue to ensure that the mix of residents within each compartment is such that efficient evacuation can succeed.
- All evacuation signage shall be changed to reflect both location and orientation within the building.
- While some records were not on file our contract was for quarterly checks. We have recently changed contractor and this agreement is part of the new contract.
- All staff have been reminded of the importance of maintaining the proper closing of fire doors and not to keep them open.

Regulation 6: Health care	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• The resident in question has since been reviewed by a tissue viability nurse.</li> <li>• All nurses have been reminded that following an unwitnessed fall, neurological observations must be completed ie. A Glasgow Coma Scale.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The existing dining area is currently under refurbishment to allow for a more enjoyable dining experience, and an alternative area for wheelchair storage has been designated.</li> <li>• All residents are invited each day to attend the dining room and assisted if required.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
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	30/11/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	30/12/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/11/2023
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.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/11/2023
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	30/11/2023
Regulation 34(2)(d)	The registered provider shall	Substantially Compliant	Yellow	30/11/2023

	ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).			
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	30/11/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health	Substantially Compliant	Yellow	21/11/2023

	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.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/12/2023