



**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:	Aras Mhathair Phoil
Name of provider:	Health Service Executive
Address of centre:	Knockroe, Castlerea, Roscommon
Type of inspection:	Unannounced
Date of inspection:	26 June 2023
Centre ID:	OSV-0000652
Fieldwork ID:	MON-0038502

## About the designated centre

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

The designated centre provides 24-hour nursing care to 24 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single story building. Accommodation consists of single and twin bedrooms. Communal facilities included a dining room, a sitting room, a sunroom, an oratory, a visitors room and a safe internal courtyard. There are two assisted bathrooms each with a bath with chair hoist, wash hand basin and toilet facilities, one assisted shower room with easy accessible shower, wash hand basin and toilet facilities. An accessible toilet is located close to the sitting rooms and the dining room. The provider states that the centre's philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

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

Number of residents on the date of inspection:	16
--	----

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
Monday 26 June 2023	10:00hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection and was completed over one day. The inspector met with most of the residents and their feedback was very positive regarding the service they received and their lived experiences in Aras Mhathair Phoil. Residents expressed their satisfaction with their clinical care and the support they received from staff. Residents told the inspector that they had opportunities to engage in social activities that interested them and that they regularly went out into their local community.

There was a calm and relaxed atmosphere in the centre and the inspector observed that staff and residents chatted and laughed together throughout the day. It was evident that residents trusted staff and they had built positive relationships together. Residents' comments to the inspector confirmed this observation which included 'I'm lucky to be here', the centre 'is a lovely little happy place to be in' and there was 'no better place on this island'. Many of the residents referred to staff as their 'friends' and that they could talk to them 'at any time about anything'.

On arrival to the centre, the inspector met with the director of nursing who was managing the designated centre while the person in charge was on planned leave. The director of nursing accompanied the inspector on a walk around the centre. This walk around the centre gave the inspector an opportunity to introduce themselves and to meet with residents and staff. In addition to conversing with residents and staff, the inspector spent time observing residents' daily routines to gain insight into their experiences with living in the centre and how their needs were met by staff.

Aras Mhathair Phoil designated centre is located in a quiet residential area and is designed in a quadrangle with all residents' accommodation on ground floor level. The centre's interior and exterior was well maintained. Residents had access as they wished to an attractive and safe outdoor area. Seating was available and the paths were covered with a suitable soft surface to promote residents' safety. Colourful shrubs were growing in beds and in planters. The interior of the premises was warm and comfortable.

The inspector observed that each bedroom in use was occupied by only one resident in each. Many of the bedrooms were fitted with ceiling hoists to assist residents with their mobility needs. Residents had enough circulating space to meet their needs and had storage space for their clothes and possessions in their bedrooms. One resident with a lot of personal possessions that they wished to keep with them in the centre was provided with additional bespoke shelving units fitted by the maintenance department so they could store these possessions appropriately. Many of the residents personalised their bedrooms with their family photographs and personal items.

The residents' lived environment was well maintained and some areas had recently been painted. One side of two of the circulating corridors had views of the enclosed

garden and the front of the centre and provided points of interest for residents who liked to walk around the corridors.

On the day of this inspection, many of the residents were observed to spend their day going between the main sitting room and the dining room. A small number of residents preferred to spend their time in their bedrooms. Staff were observed to spend time with these residents through the day. During the afternoon some of these residents who stayed in their bedroom chose to join the other residents with welcoming the children and staff from a local playschool who had come to spend time with the residents in the centre. These regular visits from the local playschool had stopped during the recent pandemic but had recommenced at the residents' requests during a recent resident meeting. An ice cream van was also organised to attend the centre at the same time so that the residents and the children could enjoy ice cream together in the sunshine. The children sang for the residents and residents told the inspector that they really enjoyed seeing the children again. One resident said 'the children reminded her of her own children when they were young and of her grandchildren'. Another resident said she was very happy that she was able to see the children again. Another resident said it was 'the highlight of the year'.

Some residents told the inspector that there were new activities happening and they were very pleased with this initiative. The inspector saw that the variety of activities happening for residents was increased since the last inspection and that the variety and type of social activities taking place ensured that all the residents had opportunities to participate in social activities that interested them during the day. In addition, the inspector found that there was sufficient staff available to support residents who needed some assistance with participating in planned activities. Residents told the inspector about a number of outings that they enjoyed and they were planning a trip to Knock Shrine. An artist from the local county council art department was attending the centre and was facilitating a variety of workshops for the residents including, art, painting, dance and movement two days each week. A travelling 'poetry van' was also scheduled to visit the residents in August 2023.

Staff were observed to avail of every opportunity to engage residents in light-hearted banter and conversation and residents responded positively to these interactions. Staff were observed to be respectful, gentle and kind towards residents and were attentive to their needs for assistance.

Residents were very complimentary regarding the food choices offered and the quality of their meals. The inspector observed that the residents had choice of three hot meal options on the lunch and tea-time menu which was displayed on a notice board in large picture format in the dining room for their information. Residents told the inspector that the food was 'fantastic', 'plentiful', 'tasty' and 'ten star standard'. Staff were seen by the inspector providing discrete assistance to some residents in a patient and respectful way during mealtimes.

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 inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on completion of the compliance plan from the last inspection in January 2023 and found that although the provider had completed some of the actions to bring the centre into compliance further actions were needed to bring Regulations 5: Assessment and Care Plan, 6: Healthcare, 12: Personal possessions, 16: Staff training and development, 17: Premises, 23: Governance and Management and 28: Fire precautions into compliance.

Overall, governance and oversight of the centre had improved since the last inspection. There was a full time person in charge in post. The provider had restrictive conditions applied to their registration in 2022 which meant that they were not able to increase occupancy above 24 residents and that no fire compartment in the centre was occupied by more than six residents. The inspector found that the centre was operating in compliance with its restrictive conditions however the certification to show that all fire safety improvement works completed in the centre had been completed to the required standards had not been submitted to the Chief Inspector despite a number of requests since the last inspection.

The Health Service executive (HSE) is the registered provider for Aras Mhathair Phoil designated centre. As a national provider involved in providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, training, accounts and information technology. The provider had appointed a person to represent them and records showed that they or their representative visited the centre on a regular basis to review the service with the person in charge. This was validated by the person in charge who confirmed that they were supported in their role. The new person in charge was aware of their responsibilities and the regulatory requirements of their role. The person in charge is supported in the centre by a director of nursing who was deputising for a planned absence of the person in charge at the time of this inspection.

There were processes in place and audits were completed to monitor the quality and safety of the service and residents' quality of life by the director of nursing and the staff team. However, these processes were not sufficiently robust to ensure that all deficits in the service were identified and addressed. This was also a finding on the last inspection.

A review of the staff training records showed that staff were facilitated to attend up-to-date mandatory training requirements and professional development training to ensure residents' needs were met. However, staff had not attended appropriate

professional development training to ensure they had the required knowledge and skills to manage residents' wounds in the centre.

There was a low number of accidents and incidents involving residents in the centre and arrangements were in place to ensure appropriate actions were taken to mitigate risk of recurrence and that any areas of learning identified were implemented. All incidents involving residents as specified in the regulations that required notification were notified to the Health Information and Quality Authority.

A directory of residents was maintained and referenced all required information regarding each resident admitted to the centre.

Written policies as required by Schedule 5 of the regulations were available to staff and were implemented. These policies were reviewed at a minimum of every three years and were available to staff to inform their practice.

### Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed needs, having regard for the size and layout of the centre. Staff were knowledgeable regarding the residents' individual needs and residents were assisted with meeting their needs without delay.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had not ensured that all staff had access to appropriate training in line with their roles and responsibilities. This was evidenced by;

- staff training on wound care management was identified as a training need in the centre's own pressure sore prevention and wound management audit' which was completed in early 2023. However at the time of this inspection in June 2023, this training had not been organised for nursing staff.

The inspector found that staff supervision in relation to care planning did not ensure that changes implemented following recent training in assessment and care planning procedures was being implemented and as a result, residents' care plan documentation was not completed to a standard that ensured their needs were identified and met.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

A directory of residents in the centre was maintained and included all specified information regarding each resident as required by the regulations.

Judgment: Compliant

## Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

## Regulation 23: Governance and management

Assurances were not available that there was adequate staffing resources provided to meet residents' needs from 20:00hrs to 08:00hrs. Rosters showed that there was one nurse and one carer on duty each night. However, care records reviewed showed that a number of residents needed assistance by two staff to meet their care needs. This meant that while two staff were assisting these residents with their personal care needs in their bedrooms, no other staff were available to assist and supervise the other residents in the centre.

Some of the management systems for oversight and monitoring of the service were not effective and disparities between the levels of compliance reported in some of the center's own audits did not reflect the inspector's findings during the inspection.

For example,

- the care plan audits were not identifying all areas needing improvement in residents' care documentation and as a result deficits were not being identified and effectively addressed. This created a risk that pertinent information regarding residents' care and monitoring was not available to guide staff
- prolonged emergency evacuation times and incomplete fire safety equipment checks had not been identified by the provider and had not been addressed. This was a repeated finding from the last inspection and continued to pose a risk to residents' safety.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the specified time frames required by the regulations.

Judgment: Compliant

### Regulation 32: Notification of absence

Notification of absence by the person in charge for a period greater than 28 days including the arrangements put in place for the management of the designated centre until the expected return of the person in charge on 31 July 2023.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre's policies and procedures had been updated since the last inspection and were accessible to all staff working in the centre.

Judgment: Compliant

## Quality and safety

Overall, this inspection found residents' were satisfied with their care, supports and the staff who cared for them. Residents' rights were respected by staff and the provider ensured that residents were kept central to service provision and were facilitated to enjoy fulfilling and meaningful lives in the centre. Staff knew residents well and were attentive to their needs for assistance.

Residents' nursing care and support needs were met to a high standard by staff and residents were facilitated with timely access to their GP and most health care professionals. However, residents' timely access to occupational therapy services was not assured. Although staff were facilitated to attend training in assessment and

care planning since the last inspection, actions were necessary to improve the standard of residents' assessment and care plan documentation to ensure this information clearly informed and directed the care and support staff must complete to meet residents' needs. This posed a risk that pertinent information regarding resident's individual care procedures would not be communicated between staff and available to inform residents' preferences and wishes regarding their care and treatments.

The provider had measures in place to protect residents from risk of infection. Procedures were in place to mitigate risk of transmission of antibiotic resistant bacteria infections in the centre.

While, the provider had upgraded the measures in place to protect residents' from risk of fire, assurances regarding residents' timely evacuation to a place of safety in the event of a fire emergency in the centre were not available at the time of this inspection. Information forwarded following the inspection demonstrated reduced evacuation times but this information did not confirm that residents' assessed needs for supervision post evacuation to ensure their safety could be met with the staffing resources available at night. Actions were also necessary to ensure regular checks of fire equipment were completed. These findings are repeated from the previous inspections in December 2021 and January 2023. The inspector's findings are discussed under Regulation 28 in this report.

Residents received their correct medications and there was no evidence of adverse medication incidents affecting residents. Medicines management practices and procedures were not in line with professional nursing standards. Medicines were stored securely and procedures were in place to return out-of-date and unused medicines to the dispensing pharmacy. Multi-dose medicine preparations were labelled with the date when they were opened and as such informed safe use timescales. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents.

Residents' living environment was maintained to a good standard. The centre was decorated in a traditional style that was familiar to residents. Communal spaces were comfortable and residents were encouraged and supported to personalise their bedrooms in line with their individual preferences. Residents could access the outdoor spaces as they wished. However this inspection found that there was a lack of appropriate storage available in the centre for items of equipment including residents' assistive equipment. The inspector's findings are discussed under Regulation 17; Premises.

Staff had not been facilitated to attend training to ensure that they had up-to-date knowledge and skill with managing residents predisposed to experiencing episodes of responsive behaviours. Staff maintained a positive and supportive approach to managing residents' responsive behaviours. The inspector found that there was a low use of restraint in the centre and the national restraint policy guidelines were implemented. Alternatives to restrictive equipment were assessed and procedures were in place to ensure they and any other arrangements did not pose prolonged or

unnecessary restriction on residents.

Residents were supported to practice their religions and clergy from the different faiths were available and available as residents wished. Residents were supported to speak freely and provide feedback on the service they received. Residents who had difficulty communicated were well supported. Issues brought to the attention of staff were addressed. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. Staff had completed up-to-date training in the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable regarding the reporting arrangements in the centre and clearly articulated their responsibility regarding reporting any concerns they may have regarding the residents' safety.

### Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the visitor's room or in the second sitting room as they wished. Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents bedside lockers were placed along an opposite wall in three single bedrooms viewed by the inspector. This meant that the residents residing in these bedrooms could not access their personal belongings in their lockers when they were in bed or resting in their chairs by their bedside.

Judgment: Substantially compliant

### Regulation 17: Premises

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

- There was not sufficient appropriate storage available in the designated centre. The inspector observed a hoist, a walking frame and a shower chair were being stored in a communal bathroom and toilet. This reduced the communal space in this room for residents' use and meant that residents using the communal bathroom and toilet could not access their bathroom and toilet facilities safely. This is repeated finding from the last inspection.
- A grab rail was fitted on only one side of a communal toilet used by residents. This did not promote their safety and independence when using the toilet.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector found that the provider ensured the requirements of Regulation 27: infection control and the National Standards for infection prevention and control in community services (2018) were met. The provider had addressed the findings of the last inspection to ensure residents were protected from risk of infection. The environment and equipment was managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by alcohol hand gel dispensers and clinical hand hygiene sinks located along corridors and available convenient to the point of care (where the care procedure takes place) for staff use. Staff completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place that were completed by staff.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had not ensured that adequate precautions were in place against the risk of fire. For example;

Adequate arrangements were not in place for maintaining all fire equipment. This was a repeated finding from the last inspection;

- The records of weekly fire door checks were not individually recorded and as such did not provide assurances that the condition of each fire door in the centre was checked to ensure any deficits were identified and addressed without delay.
- A daily inspection to check that all fire exits were free from obstruction and that the fire alarm panel was not registering any faults was not completed. Therefore assurances that the provider was ensuring that fire escape exits

were clear at all times and that the fire alarm system was operating as required were not available.

Satisfactory assurances were not available that residents would be evacuated to a place of safety in a timely manner.

- While regular emergency evacuation drills were being carried out, the fire drills lacked sufficient detail to provide assurances. For example, the time recorded for each fire drill was unclear if it included the total time from when the fire alarm was activated to when the full evacuation had been completed. Reference was not made to calling the fire brigade, the area of safety the evacuation took place to, if any delays were encountered and supervision of residents following evacuation.
- A review of personal evacuation plans (PEEPS) showed that most residents in the centre needed assistance of two staff to meet their evacuation needs and in addition, required further supervision after they had been safely evacuated to ensure they did not wander out of the safety area. It was not clear how this would be managed with only two staff on duty at night time.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Measures were in place to ensure residents were protected by safe medicines management procedures and practices. Residents had access to a pharmacist who supplied residents' medicines. Medicines including medicines controlled by misuse of drugs legislation were stored securely. Balances of controlled medicines were checked by two staff nurses at change over of work shifts and those checked by an inspector were accurate. All residents' medicines were signed by their general practitioner and were administered as prescribed. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

Procedures were in place for return of unused or out-of-date medicines to the dispensing pharmacy. All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents assessment and care plan documentation did not provide assurances that each resident's needs were comprehensively assessed and their care plans provided

clear direction to staff regarding the care interventions they must complete to meet residents' needs. This was evidenced by the following findings;

- while a comprehensive assessment of residents' needs was completed for each resident on their admission, this assessment was not completed regularly thereafter for some residents. This posed a risk that these residents' care needs would not be identified and met .
- recommendations made by the dietician following their review of one resident with unintentional weight loss were not documented in the resident's care plan information. This posed a risk that this pertinent information would not be communicated to all staff.
- some residents care plans were incomplete. For example, one resident diabetic care plan did not reference the parameters that their blood glucose should be maintained within and the actions staff should take if the resident's blood sugar results went outside of these parameters.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents did not have timely access to occupational therapy expertise to meet their seating needs. For example, one resident was waiting for a prolonged period of time for a seating assessment by an occupational therapist.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

A very small number of residents experienced intermittent responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to maintain a positive and supportive person-centred approach with residents who experienced responsive behaviours. Behaviour support care plans were in place for residents predisposed to responsive behaviours to inform the most effective de-escalation techniques and ways to respond to their behaviours.

A low number of full-length bedrails were in use an assessment was completed which included a multidisciplinary approach in consultation with the resident or their representative, the resident's general practitioner (GP) and the physiotherapist. Regular assessments were completed to ensure continued use of the bedrails was necessary. Procedures were in place to ensure residents' safety when restrictive equipment was in use and to ensure that use was not prolonged. Alternatives to full length bedrails were in use and there was evidence of use of these alternatives such

as grab rails and low profile beds.

Judgment: Compliant

### Regulation 8: Protection

Measures to ensure residents were safeguarded from risk of abuse were in place and the procedures to be followed by staff were set out in the centre's policies. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times.

All staff were facilitated to complete safeguarding training on safeguarding residents from abuse. Staff who spoke with the inspector clearly articulated their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the centre's reporting structures.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were respected and they were encouraged to make choices regarding their lives in the centre. Their privacy and dignity was respected in their lived environment and by staff in the centre.

Resident's social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported by staff to go on outings and integrate with their local community.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Residents were provided with opportunities to be involved in the running of the centre and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services if they wished.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	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 Aras Mhathair Phoil OSV-0000652

Inspection ID: MON-0038502

Date of inspection: 26/06/2023

## 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 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"> <li>- A training matrix is in place which will identify continued training needs. This matrix will also be updated regularly to ensure upskilling of all staff in line with the changing care needs of the residents. Wound training is arranged for all nursing staff.</li> <li>- A robust Care plan audit to include bigger sample size and residents with complex care needs. This will help to identify the deficits and address them through further training or individualized support or both. The Results of the audit will be communicated to all Nursing staff in writing and timelines given to address the deficits</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><b><i>The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations</i></b></p> <ul style="list-style-type: none"> <li>-A Robust Care plan audit to include bigger sample size and residents with complex care needs. This will help to identify the deficits and address them through further training or individualized support or both.</li> </ul>	

-The provider is assured that 2 staff on night duty are adequate to provide care for the number of residents that were in the unit on day of inspection. There are no complaints /incidents in relation to this time period. As occupancy increases we will review staffing levels as appropriate.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

***The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations***

-The residents in those three rooms did not have the bedside lockers beside them because of safety reasons. All 3 residents' care plans are now updated to reflect this.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

***The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations***

-The provider is assured that there are enough dedicated storage spaces available to store the equipment. Staff are reminded regularly and at the staff meetings of this repeated finding and encouraged to use the dedicated storage spaces after each use.

-The grab rail is now fitted

Regulation 28: Fire precautions

Substantially Compliant

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

***The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations***

The Provider is assured that adequate arrangements are in place for maintaining fire equipment are in place as guided by The Fire Safety Register (FSR) which is a vital tool kit in the management of fire safety within service centres. This document contains

advice and guidance for HSE centres, and is intended to assist Centre Managers/Administration /Director of Services and other responsible persons in their effort to ensure their centres are fire safe at all times.  
 Records of the Fire Drill training will include the areas highlighted by the regulator going forward  
 In the event of a Fire, only the affected compartment will be initially evacuated and on arrival of the Fire service they will advise on further action required. As previously stated in regulation 23 we will, as occupancy increases review staffing levels as appropriate.

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:

- Comprehensive assessments will be completed on a regular basis to reflect the changes from now on.
- A system which will ensure all the important changes in care updated in the care plan, is being implemented. This will include active participation of the nursing staff on both day shift and night shift on the day of the change.
- A robust Care plan audit to include bigger sample size and residents with complex care needs. This will help to identify the deficits and address them through further training or individualized support or both.

Regulation 6: Health care	Substantially Compliant
---------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 6: Health care:

***The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations***

-Referrals are sent for Occupational therapy, currently HSE OTs in CHW do not provide a service to the Nursing Home sector. A private occupational therapist has seen the two residents who required OT advice



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	04/09/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	14/10/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a	Substantially Compliant	Yellow	04/09/2023

	particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	29/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/10/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/10/2023
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	31/10/2023
Regulation 5(2)	The person in	Substantially	Yellow	29/09/2023

	charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Compliant		
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	29/09/2023
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	Substantially Compliant	Yellow	04/09/2023

	from time to time, for a resident.			
--	---------------------------------------	--	--	--